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# The I.C.N. in 1941

The recent meeting in Montreal of the Executive Committee of the Canadian Nurses Association afforded the President a welcome opportunity of attending a conference between the presidents of the International Council of Nurses, the American Nurses Association, and the Canadian Nurses Association. The date previously set for a conference between the officers of the Canadian Nurses Association and the Canadian Hospital Council conflicted with the convention of the National League of Nursing Education and thus made it impossible for the president of the C.N.A. to be in attendance at the League meetings. Under these circumstances it was necessary to hold the I. C.N. conference in New York, prior to the League meetings. This conflict in dates was particularly unfortunate because the League dealt with many of the problems that are demanding thought and action by Canadian nurses at the present time.

The members of the Canadian Nurses Association know that the International Council of Nurses has established temporary headquarters at New Haven, Connecticut. But what is not so generally known is that a splendid effort is being made by Miss Effie Taylor, president of the International Council of Nurses, to maintain contact with the presidents of the nursing associations in the different member countries. It has not been possible to reach all countries but Miss Taylor has written to various national presidents assuring them of her continuing interest in their well being. It is surprising to find how many of her letters have reached their destination and have been answered in spite of war conditions. In a recent letter addressed to the various presidents Miss Taylor says in part:

It is almost a year and a half since the offices of the International Council of Nurses were evacuated from England to

the United States of America. Difficulty in communication has prevented us from doing much constructive work, but nevertheless we are happy to say that during this period, the Council has kept in touch with twenty-four of its member associations. In spite of the many deterrent factors the correspondence has been quite extensive. We have had evidence that our letters have been gratefully accepted, and in many instances that they have proved helpful to nurses who, even in the face of devastation and other serious handicaps, are improving their schools and preparing new students for the future.

We have been able to maintain a close relationship with the Canadian and American Nurses Associations, and with the National Council of Nurses of Great Britain. During the past year I.C.N. headquarters has received visitors from China, Japan, Denmark, Finland, Norway, Sweden, Holland, Brazil, as well as several from Canada and the United States. We are looking forward to the day when we can meet together and re-establish the various activities of the Council which, because of circumstances, have been set at naught during the past year.

Since the transfer of the international office to the United States of America the American Nurses Association has been financing the work of headquarters but it is possible that the Canadian Nurses Association may now be asked to transfer the funds held in reserve so that we can assist in the work of the International Council of Nurses. Therefore, the president of the Canadian Nurses Association met Miss Julia Stimson, president of the American Nurses Association, to discuss what these two organizations could do to assist the International Council of Nurses in preparation for its post-war program. Later, the president of the Canadian Nurses Association met Miss Taylor who appreciated this opportunity of personal conference.

It must be remembered that 1941 was the year that under normal conditions would have seen the International Council of Nurses meeting for its Quadrennial Congress in the United States of America. Miss Taylor is now studying the problems of the various countries as it is almost certain that one of the most urgent post-war needs will be assistance for young leaders in those countries whose progressive plans for nursing education have suffered most. When peace comes, we in Canada must be ready to help the International Council of Nurses to play its full part in building a better social order. In that new world, as Mr. Herbert Morrison has said, it must no longer be possible for people to go hungry in the midst of plenty, or to suffer cold when clothing and shelter are available in abundance.

GRACE M. FAIRLEY,
*President,*
*Canadian Nurses Association.*

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## Nurses Play Their Part

News of the evacuation from Greece of so many troops, together with the medical and nursing personnel who went to care for the wounded, is less plentiful and detailed than the news from Dunkirk under similar circumstances. Anzac and British nurses won fresh laurels for their profession by the way they stood by, with little sleep, helping the sick and wounded as they embarked under heavy air attack, spurning the "women first" attitude, as did their sisters on the beaches of the Channel. The nursing profession throughout the world will honour them.—*Nursing Times.*

# Aspects of Meningococcic Meningitis

FRANCES FERGUSON

At a time when ideas and theories are continually changing it may be well for us as nurses to discuss the action of a few of the newer drugs used in the treatment of a disease which, unfortunately, seems to be rather prevalent in this and other countries at the present time. This disease is meningitis.

Meningitis is an inflammation of the meninges or membranes covering the brain and spinal cord, and is usually classified according to the exciting cause. The meninges of the cranial cavity are (a) the cranial dura mater which is arranged in two layers, the outer layer adherent to the skull and the inner layer covering the brain; (2) the cranial pia mater which is a vascular membrane and invests the brain and dips down into the crevices and depressions. The meninges of the spinal cavity are (1) the spinal dura mater which consists of only the inner layer and forms a loose sheath around the cord; (2) the spinal pia mater which is closely adherent to the cord and sends a process into the anterior fissure. There is also a serous membrane, called the arachnoid, placed between the dura mater and pia mater of both cranial and spinal cavities.

There are several common varieties of meningitis but the form in which we are particularly interested is meningococcic meningitis, more commonly called epidemic cerebro-spinal meningitis, or spotted fever. Epidemic meningitis is an acute communicable disease caused by a diplococcus called the meningococcus, an organism which gains entrance to the body by way of the nose and throat and is naturally transmitted. During the early stages of the disease, cultures from these areas may prove the presence of the organism, but an incubation period of two to ten days is so short that frequently a diagnosis is not made until the invading organisms have gained access to the blood stream and still further attacked the meninges.

There are some significant measures of control which, if adhered to, might help to prevent the disease occurring in epidemic form or to lessen its severity. These measures include:

Co-operation regarding the recognition and reporting of all persons who have been in immediate contact with an infected person. These should be examined as possible carriers.

All known carriers should be quarantined or should be under observation and treatment until proven free of the organism by a bacteriological examination of two successive cultures of the secretions of the naso-pharynx.

Isolation of persons proven to have contracted the disease for 14 days from the onset, unless cultures of the secretions remain positive, in which case he must remain isolated until the cultures return negative for meningococcus. There is no natural active immunity, and one attack does not confer any lasting immunity. So far as passive immunity is concerned, antimeningococcic serum is rated as being of very little value.

The clinical picture is that of an extremely ill patient, with the anxious expression of one in distressing pain. The lips and cheeks are pale and grey, the skin damp with perspiration, and the patient may possibly appear to be in a moribund state. The commonest, constant, and most distressing symptom is that of intense and intolerable headache accompanied by extreme irritability and a characteristic and unmistakable shrill cry of pain.

The signs and symptoms and palliative treatment of all forms of purulent meningitis are much alike. The onset is usually sudden, possibly only a few hours, and may be characterized by chills or convulsions. The treatment for these symptoms would be to remove the underlying cause, if possible, by means of a warm bath (100° F.) or by a tepid or cool bath in case of excessive fever. With the doctor's permission, a cool enema or rectal irrigation to reduce temperature may be given. Phenobarbital or other sedatives may be given orally or by rectum. Inhalations of chloroform are occasionally used, and if the patient is cyanotic, oxygen may be administered. In cases of increased intracranial pressure a lumbar puncture is usually done.

There may be vomiting, usually projectile in character and quite persistent. This occurs as quite an early sign, associated with headache, and lasts about four days. Headache is usually spasmodic and an ice cap is helpful, along with complete rest. Analgesics may be ordered by the doctor. Quickest relief is obtained by spinal puncture.

The nervous system becomes hypersensitive in relation to stimuli such as noise and light. Any of the following conditions may occur:

Anaesthesia — loss of touch sense.
Analgesia — loss of pain sense.
Hyperaesthesia — increased sensitivity to touch and pain.
Paraesthesia — sensations of tingling, creeping, or itching.

There may be severe pain in the head, back, legs and arms. The child may become very irritable and prefer not to be disturbed, as any movement causes marked discomfort. There may be spastic paralysis similar to that which usually accompanies upper motor-neuron diseases.

There may be several stages of alertness, which may be classified as follows: (a) coma or unconsciousness from which there is great difficulty in rousing the patient; (b) syncope, in which there is temporary loss of consciousness; (c) stupor, in which the patient is more easily roused than in coma; (d) drowsiness, which is a lessened degree of stupor; (e) periods of fretfulness and irritability may alternate with periods of drowsiness and stupor.

Respiration is usually slow and irregular. As a rule, the temperature is not a guide as to the severity of the attack. Few cases have a temperature of more than 103°. On admission many temperatures are below 100°. The charted pulse rate is much more indicative of the severity of the infection. Unilateral or bilateral strabismus may be present and is a sign of the infection and temporary paralysis of muscles of the eye and indicates a basal meningitis.

Rigidity is very common and is usually marked. There is neck rigidity in which the head is hyperextended backwards, and great pain may be caused by attempting to approximate the chin and chest. Not infrequently, opisthotonos may be noted in children, and there will be marked arching and retraction of the head. Rigidity may be proven to be present or absent by two simple tests: (a) ankle clonus — where there is persistent jerking of the foot when it is sharply pulled upward; (b) the Babinski reflex when the great toe moves upward when the sole of the foot is stroked. Two other signs indicate upper motor-neuron disease if they occur after the age of eighteen months. The first is Kernig's sign, in which the leg cannot be fully straightened when flexed at the thigh. The second is Brudzinski's sign in which, when the neck is drawn forward, the legs are drawn upward. There may be a contralateral reflex

in which, when one leg is drawn up, the other follows. These points may appear to be too technical in the eyes of a casual reader, but on the other hand a knowledge of these few simple signs would make it possible for more intelligent and efficient nursing care to be given to an acutely ill patient.

The only positive method of determining the type of organism upon which the method of treatment depends is by lumbar puncture and the careful examination of the spinal fluid.

The prognosis in cases of this nature has been slightly improved since the use of serum began in 1904. Since 1939, treatment has been carried on by means of intraspinal and intravenous injections of antimeningococcic serum, and intravenous injections of antimeningococcic antitoxins. In all intraspinal injections, the cerebro-spinal spaces are first drained of about 5 c.c. more fluid than the amount of serum to be given. Operations may be performed to give more constant drainage than that obtained by the use of repeated lumbar punctures. Attempts may be made to wash out the cerebrospinal spaces by forcing salt solution through a cisternal puncture needle and having the fluid drain out of a needle inserted into the lumbar region.

The introduction of chemotherapeutic agents, known as sulphonamides for the treatment of cerebro-spinal meningitis has completely changed the clinical and prognostic picture of the disease. Whereas it was previously greatly dreaded because of its high mortality rate of from 30 to 60 percent or even 80 percent in fulminating cases, this terror has largely been lost. The mortality rate has been reduced to less than 3 percent in all cases. In pre-sulphonamide days patients remained in hospital for six weeks with a further six weeks of convalescence and were often invalided for life.

The Sulphonamides are a group of drugs which may be given by all routes namely orally, subcutaneously, intramuscularly, intravenously and intrathecally. The three chief drugs, in order of merit, are Soluseptazine, Sulphapyradine, and Sulphanilamide. Soluseptazine (known as M & B 137 in Britain) is supplied in 5% and 10% solutions for intramuscular or, better still, intravenous injections. Soluseptazine is a sulphonamide with the addition of the benzyl group which greatly reduces its toxicity. When the patient is comatose or is too ill to take anything by mouth, or is vomiting, 20 c.c. of the 5% solution or 10 c.c. of the 10% solution of Soluseptazine may be given intravenously. It is usually ordered by the doctor to be repeated in from four to eight hours depending upon the severity of the case. Its use may be continued for three or four days until the patient's initial signs or symptoms have disappeared.

A review of 124 cases appeared in the British Medical Journal, October, 1940, and states that:

> The results were so constantly good and the effects so speedy that this is the drug to be recommended for routine treatment at the onset in all cases except perhaps the mildest. It is certainly preferable to any form of chemotherapeutic drug that has been produced up to this time. Further research work is being done in this field but 85% of all these cases were treated with Soluseptazine intravenously at the onset or at some subsequent period.

Sulphapyradine (called M & B 693 in Britain) is made up for oral administration into compressed tablets each containing .5 grams of active substance. Dosage of these drugs always depends upon the wishes of the doctor in charge of the case. If nausea occurs, bicarbonate of soda is sometimes ordered to be given with the drug. Administration is

usually continued without remission for three to five days, or until the temperature has fallen and headache has been absent or very mild for a period of about nine days.

Soluble Sulphapyradine (called Soludagenan) is a sodium salt of Sulphapyradine and is soluble. It may be used for those patients who cannot take the insoluble form of the drug by mouth, or in whom it has been difficult to obtain an adequate blood concentration by means of oral administration. The drug is usually diluted in three or four times its volume of normal saline. Because of the possibility of increased drawbacks caused by the intramuscular injection of this drug, its administration is usually considered to be the responsibility of an interne. Unless the injection is made very deeply into the muscle, there may be subcutaneous necrosis of the tissues, or abscess formation and ulceration. Aside from this, intramuscular injections usually cause the patient a good deal of pain. Attempts may be made to anaesthetize the site of the injection as well as the path of the needle.

Sulphanilamide is prepared in tablet form in appropriate dosage and is usually intended to be crushed up and administered with a small amount of milk or cream which may be sweetened. This drug may be used in conjunction with Soluseptazine, as both are specific against the same type of organisms. There is no need to hesitate in changing from Sulphanilamide to Soluseptazine should vomiting or gagging occur with the oral administration of the former.

The measure of control effected by the use of any of the drugs is usually estimated by the fall in pulse rate and temperature and disappearance of clinical signs. Treatment is usually continued for three to five days thus usually preventing any chance of relapse. Often, the reaction to chemotherapy of cases which are apparently *in extremis* is truly dramatic. The picture changes in twenty-four hours or even overnight.

The nursing care of the patient suffering from meningitis is directed toward the relief of the symptoms. A good deal depends upon the keen powers of observation of the nurse and upon her conscientiousness in matters of detail. Noise and all disturbing sounds should be prevented. The resistance of the patient to the disease needs support in the form of plenty of nourishing fluids which help to overcome toxicity.

Special attention must be paid to the skin. The patient may be unconscious for a good deal of the time and the daily bath with stimulating alcohol rubs are helpful. Pressure may be avoided by the use of cotton rings for the ears, heels, and elbows. An air ring should be used to protect the hips and buttocks and a foot board to prevent foot-drop. All these devices help to relieve pressure symptoms and promote satisfactory circulation to all parts.

Diet plays an important part in recovery. The patient may be in a stuporous condition and feeding may have to be done by medicine dropper, rubber bulb syringe or gavage, especially in very small children. Older children may require spoon-feeding. In children of about one year, when other methods fail, fluids may be taken from a feeding bottle. In such cases, habits of feeding must be modified since the patient is in absolute need of a large amount of fluids. As the patient convalesces, diet should be more solid and of a high caloric value to replenish the tissues. In all cases, patients should be fed by the nurse during the first days of the disease. A bedside tray should be set up for care of the mouth before and after each feeding. This will do much toward helping the patient to take nourishment with greater ease and comfort.

A careful nurse should watch for certain complications which are likely to occur during the course of the disease. Retention of urine is fairly common and to help to prevent it an accurate chart of the fluid intake and output should be kept. If signs of retention are detected early, fluids can be increased or forced as necessary. It has been stated that four pints of fluid should be given per day. Unless this amount is given along with the administration of the sulphonamides, crystals may form in the urine resulting in haematuria, pyelitis, and other signs of renal damage.

Any changes in the character of the sputum should be reported at once. Evidence of pain in breathing or coughing may be a sign of lung involvement. The incidence of this complication may be lessened if the patient is turned frequently, kept warm and dry, and out of draughts. If herpes labialis is present it may be relieved by boracic compresses followed by the application of calamine liniment. Soluseptazine ointment has been advocated but has not been used long enough to prove its worth. For insomnia, chloral hydrate or paraldehyde have been used. Morphia is given only when absolutely necessary.

Encephalitis is shown by intense headache, dilated forehead veins, cyanosis and delirium. These signs indicate further acute inflammation of the cranial meninges. Unfortunately, severe sequelae such as deafness and blindness show little outward sign of such involvement until the final condition is fully established. Iritis is a painful complication and may be the forerunner of blindness. Warm boric compresses should be applied frequently for twenty minutes every two hours and are helpful in coordination with the instillation of atropine solution of an appropriate strength. Ophthalmia, intra-ocular infections, iritis and synovitis are serious conditions which usually require the attention of a specialist.

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# University of Saskatchewan School of Nursing

KATHLEEN W. ELLIS

One of the six centres in Canada in which a degree course in nursing is now offered, the University of Saskatchewan School of Nursing was organized under the School of Medical Science in September, 1938. In January, 1941, the first class of students left the University and reported to the respective hospitals with which they are registered to give an account of themselves and of the new development which they represent. Other University schools in Canada offering a degree in nursing, have usually developed an affiliation with one school only. Subject to certain requirements, the University of Saskatchewan School of Nursing admits eligible students from the four hospitals in the Province that are approved for internship by the Canadian Medical Association.

In the University of Saskatchewan School of Nursing opportunities for specialization are not offered. Students taking this course are not expected to graduate as teachers, or administrators, or as specially prepared for public health nursing. This course is based upon the principle that general experience should precede specialization and that the foundation is all important. It is anti-

cipated that the students will benefit by enriched background and additional preparation and that these advantages will enable them to climb the ladder of experience more accurately and rapidly. Graduates from other University schools are already proving that this principle is a sound one.

As in all schools of nursing worthy of the name, improved service to the community and greater individual satisfaction for the students are the main objectives. Provided they worthily support the standards which it represents, there is little doubt that in days to come many avenues will be open to nurses who hold a University degree. The young woman of seventeen or eighteen years of age, who would otherwise have to wait for admission to a school of nursing and possibly be lost to the profession, may spend the years that intervene between the completion of the high school course and her nineteenth birthday in laying up treasures for herself and forming associations that are worthwhile investments.

The requirements for admission to the University of Saskatchewan School of Nursing include:

1. Evidence of having passed in the following subjects of the Grade 12 examinations of the Saskatchewan Department of Education, or the University matriculation examination, or a recognized equivalent: English; history; geometry and trigonometry; French or German; chemistry; one other subject, which may be either French, German, Latin, biology, or physics. If the Grade 12 certificate of the Department of Education is offered in lieu of University matriculation an average standing of 60% is required. Students who have not taken Grade 12 chemistry must take an equivalent course in the summer school preceding admission.

2. Evidence of having been accepted as a student nurse by the superintendent of nurses in the school of nursing of the hospital in which the applicant intends to obtain her professional experience. For this purpose the applicant may be required to present herself at the hospital concerned and to undergo such examinations and tests as may be required by the superintendent of nurses.

3. A student entering the University School of Nursing must be at least seventeen years of age and is required to submit satisfactory references and otherwise to meet the general requirements for admission to the University.

The curriculum leading to the degree of Bachelor of Science in Nursing is divided into two parts: (a) the pre-professional curriculum; (b) the professional curriculum. The pre-professional curriculum, which is taken at the University, consists of two full academic sessions and one half-session. During this period the student is subject to all rules and regulations governing the students of the University. While in attendance at the University she makes her own arrangements for board and lodging and is eligible to live in the women's residence. The division of time between the University and the Hospital is as follows:

The first University period begins in September and continues throughout the academic year terminating in April. The month of May is granted as vacation. The first hospital experience begins on June 1 and ends on August 31. Vacation is again granted from September 1 until the University registration takes place usually about September 23. The second University period begins in September and continues throughout the academic year ending in April. Vacation is granted in the second period from May 1 until May 31. The second hospital period begins on June 1 and lasts until August 31, vacation being granted from September 1 until University registration takes place. The third university period covers half an academic year beginning in September and terminating on December 31. The students then report for

further hospital experience on January 1, and continue this for a period of 26 months.

During the first University period (one academic year) the following subjects are taken: English; chemistry; biology; physics; history of nursing and study of professional developments; and an additional elective subject. During the second University period (one academic year) the following subjects are taken: philosophy; chemistry; anatomy; physiology; nursing. During the third University period (first session only) the following subjects are taken: Pharmacy; bacteriology; pathology; household science; social psychology. Details concerning the content of all these courses may be obtained from the calendar of the University.

In choosing an elective in the first year the student may register for any course in Arts and Science provided that it is acceptable to the Committee on Nursing appointed by the senate. This affords the student a wide choice and last year students registered for courses in music, philosophy, history, and English.

The University course is so planned that a student may transfer to another school or college at the end of the first year with a minimum amount of difficulty. She may also arrange to transfer from one School of Nursing to another provided she does so with the approval of the Director of Nursing Education and before she actually enters the School of her first choice. With the exception of the classes in nursing, those attended by the student in the first and second academic years at the University are not specially arranged for them. On analysis this is not felt to be altogether a disadvantage. It affords a broad background and contacts with students in other fields all of which are felt to be very desirable. In the third University period (September to December) the courses cover strictly professional subjects and are arranged to meet the special needs of the nurse.

The professional curriculum includes instruction and experience in the clinical field and covers a period of thirty-one months exclusive of holidays. The student is required to live in the nurses residence and the hospital experience is divided as follows:

1. The first hospital period lasts for three months (June, July, August) following the first academic year. This is the preliminary period during which the student is introduced to hospital life, and her fitness for nursing and her desire to continue the course are determined.

2. The second hospital period lasts for three months (June, July, August) following the second academic year. During this time further instruction in the practice of nursing is given in preparation for the following year in which the more specialized professional education will begin.

3. The third hospital period lasts for twenty-seven months and follows immediately upon the completion of the pre-professional curriculum at the University.

Professional examinations are held by the University at the end of the first, second, and third years. These are conducted by a board appointed by the University which is not connected with any one of the four hospitals associated with the course. These examinations are arranged as follows:

The first examination is held in May following the completion of the first spring term of the third hospital period and covers general medicine, general surgery, principles and practice of nursing. The second professional examination takes place in May following the completion of the second term of the third hospital period and deals with medical and surgical specialities, obstetrics and gynaecology, paediatrics. The final professional examination is held in April following the completion of the third term of the third hospital period. This is a comprehensive examination covering all subjects, in-

cluding the examinations written by candidates for registration in Saskatchewan.

Two scholarships of fifty dollars each, commemorating the name of Jeanne Mance, are awarded annually to students in the first and second years of the University course. These scholarships are not awarded on a competitive basis only. Two university scholarships are also awarded each year in the University School of Nursing. All students at the University of Saskatchewan are required to obtain a certain number of credits in physical education. Several students in the School of Nursing have already gained distinction in this field. They are encouraged to take a wholesome interest in sport and cultural activities and the course is planned with this end in view. Surely it is through such contacts and opportunities that the ideals of service are strengthened.

Since the organization of the course, students in the School of Nursing have been eligible for membership in the Medical Society. Although they now have their own association, many of the nursing students are also members of the Medical Society, a relationship that is felt to be of benefit to both groups not only in the immediate present but as affecting the problems studied by the medical and nursing professions as graduates in their respective fields. The aim of the course is to develop a good nurse and at the same time to enrich her personality and her life to the fullest extent.

## Recognition of Merit

The growing importance of the University of Saskatchewan School of Nursing is shown by the recent appointment of its Director of Education, Miss Kathleen W. Ellis as Professor of Nursing. The announcement was made at the Convocation of the University and proved to be a source of great pleasure to her colleagues in all parts of Canada as well as to her professional associates and students in Saskatchewan.

Miss Ellis is a graduate of the School of Nursing of Johns Hopkins Hospital, and holds the B. S. degree conferred by Teachers College, Columbia University. She also has the certificate in public health nursing given jointly by Bedford College and the College of Nursing in London. During the last war Miss Ellis served as Matron of the Vancouver Island Military Hospital. Other positions held by her successively were that of superintendent of nurses

and director of nursing service in the Vancouver General Hospital, and later in a similar capacity in the Winnipeg General Hospital.

Miss Ellis has always taken a keen interest in organization of nurses. She has served as president of the Registered Nurses Association of British Columbia, as president of the Vancouver Graduate Nurses Association, and as vice-president of the Canadian Nurses Association. In her capacity as secretary-treasurer, registrar, and advisor to Schools for Nurses, for the Saskatchewan Registered Nurses Association Miss Ellis has done much to advance the interests of nursing education. An outline of the course given by the Saskatchewan University School of Nursing will be found elsewhere in this issue and the further progress of the School may be confidently expected under the capable direction of so well-qualified an educator and administrator.

# The Treatment of Juvenile Delinquency

FRANK J. CURRAN, M. D.

In the adolescent ward of the Bellevue Psychiatric Hospital, each adolescent is given a detailed physical and neurological examination, and laboratory studies, such as X-rays of the skull and blood Wassermann tests, are done routinely. Undernourished children are given special diets. Boys with undescended testicles are given endocrine therapy first, such as antuitrin S. and, if this is ineffective, we may resort to surgery. Each child is sent to the dentist for routine prophylaxis and a complete X-ray of his teeth. Diseased teeth are extracted, diseased tonsils are removed and other medical or surgical treatments are provided as the need arises. Eyes are examined and prescriptions secured for glasses when necessary. The treatment of acne, correction of strabismus, removal of infected tonsils, treatment of chronic otitis media not only improve the patient's physical condition but also have definite psychotherapeutic value.

*Follow-up Study*: Many people working with delinquent children and adolescents are very pessimistic about their future social adaptation. Potter and Klein[31] studied 175 boys and girls under fourteen treated at the New York State Psychiatric Institute and concluded that 109 (57 percent) made unsatisfactory adjustments. The Gluecks[32] studied 1,000 juvenile delinquents in Boston, in ages ranging from 6 to 17. In a study five years later, 88.2 percent of the patients continued their delinquencies. Recently these two authors studied as many of these patients as they could find over an additional ten year period, that is fifteen years after their first contact with the patients; they studied 938 men[33]. In this report they claim a decrease in the amount of delinquency and a decrease in type of anti-social conduct in those who remained delinquent. However, a relatively large number of offenders (33.4 percent) continue to be delinquent, 226 remaining as serious and 88 as minor delinquents throughout the fifteen years.

Fenton and Wallace[34] report 23 percent failures in a follow-up study in the California Bureau for Juvenile Research. Lee and Kenworthy[35] in the Bureau of Child Guidance and Department of Mental Hygiene of the New York School of Social Work, Newell[36]

in the Baltimore Mental Hygiene Clinic and Witmer[37] in the New York Child Guidance Institute report 21 percent failure in follow-up studies. Kirkpatrick[38] studied 1,000 delinquent boys examined in the Cleveland Juvenile Court and found 28.4 percent failures in a study 4 to 7 years later. Healy and Bronner[39], dealing with youthful recidivists in Chicago, reported 61 percent failure and their studies in the Judge Baker Foundation in Boston showed approximately the same percentage of failures. Later, Shimberg and Isrealite[40] did a follow-up study of delinquents at the Judge Baker Foundation in Boston and concluded that 66 percent of the intellectually average and 70 percent of the defective were failures.

In an attempt to determine the value of the various types of activities used in the treatment of juvenile delinquency at Bellevue, Carrol and I[41] did a follow-up study in 1939 of the first 300 court cases admitted to the Adolescent Ward between April, 1937, and January, 1938. The follow-up study was done approximately 18 to 24 months after the boys left Bellevue. Our follow-up study is open to valid criticism in that we did not personally see every boy. However, we carefully examined the probation reports of the courts, secured all available follow-up records from correctional institutions, state schools, state hospitals, social agencies, etc. All boys who were not institutionalized after leaving Bellevue on returning to court were placed on probation. In a very few cases we have no further data on the patients after they reached their sixteenth birthday some time during 1938. In practically all cases, however, we have investigations extending up to June or July 1939. It might be of interest to report that our investigation revealed that our recommendations were carried out by the judges in 86.3 percent of the cases.

In rough figures, we usually recommend that 50 percent of our patients be returned home, that 25 percent be sent to state schools or state hospitals and 25 percent be sent to correctional institutions. Of our first 300 court cases, we recommended probation in 128 boys and this was followed out by the judges in 119 cases. We recommended that 62 boys be sent to correctional institutions and this was done in 52 cases. We recommended that 79 boys be sent to state schools and this was done in 63 cases. We recommended that 16 cases be sent to state hospitals and this was done in all cases. We advised that three epileptic patients be sent to an epileptic colony and in the remaining twelve cases, we suggested such places as camps, orthopedic hospitals, or placement in foster homes.

The follow-up study in 1939 revealed that 201 of the boys were at home, 47 were in state schools, 32 in correctional institutions, 7 in state hospitals, 1 in an epileptic colony, 2 were dead, 4 could not be located, 2 were awaiting trial in adult courts, and 4 were in foster homes or general hospitals. Of the 201 at home, ten were reported as being occasional truants, but otherwise adjusting satisfactorily.

*Nursing Role*: Many of the projects which in my opinion are of great value in dealing with the emotional problems of adolescent patients can be carried on by nurses who have initiative and understanding. Many nurses have a flair for dramatics, art work or literature and can actively supervise programs similar to those above described. Of course, the nurses should also have a well trained background in general nursing and in psychiatric techniques. In order to make this possible, both student and graduate

nurses should be given not only courses in psychiatry but opportunities to learn directly from patients by being on the wards with them.

On the adolescent ward, we have staff conferences weekly during which time we discuss in detail the history, family background and psychiatric problems of all the boys admitted during the previous week. The physician, nurses and other staff members then informally discuss their observations of the patients and arrangements are made for the nurses to place specific boys in certain activities, such as dramatics, art or athletic classes, depending on their individual problems. Opportunities for men nurses in dealing with behavior problems are obvious, and nurses who have had such training on the adolescent ward, are thus prepared for work outside of hospitals in settlement houses, camps and schools. As Craig[42] has recently pointed out, the opportunities for men nurses are expanding in private practice, in institutions, industries and in special fields.

A brief mention may be made here about the role of the public health nurse in the follow-up treatment of adolescent behavior problems after they have been discharged from the hospital. In many communities the nurse is the only one who has the training of a social worker and who knows the facilities which are available in the community, such as settlement houses, camps, and she can not only aid in the after care of the adolescent but can work with his parents in modifying unhealthy parental attitudes, prejudices, and superstitions. She can also make it known to the family the various resources which are available in the community for medical care, home relief, etc.

The question is frequently raised as to whether or not there are special attitudes which should be adopted by nurses who are working with adolescents. In general, the nurse who has had courses in psychopathology and who understands the dynamics of rationalization, identification, projection and the like will be able to work very successfully with adolescents. A sense of humour is, of course, an invaluable asset. When working with smaller children a nurse is often encouraged to show demonstrations of affection, by fondling the child, patting his head, etc. Such conduct should not be displayed toward adolescents. It has been my experience that the boys openly reject such attention or see in it a definite invitation to sex play. It has been my unfortunate experience to see student nurses subjected to very embarrassing experiences as a result of trying to show affection to patients.

In my opinion, one of the most important attitudes to be taken by nurses on an adolescent ward is that every one is to be treated alike. Nurses and other staff personnel frequently find themselves attracted to certain boys who are more handsome or more intelligent than the majority of patients and they are tempted to give them extra privileges. The boys thus singled out usually suffer in the long run because they are then bullied or teased by the other boys; moreover, the staff member who provides candy or fruit for one or a few boys, and not for the entire ward, is soon bedeviled by the rest of the group and has difficulties in his future contacts with the majority of the patients.

*Summary*: I have described the various types of activities used in the treatment of adolescent emotional problems in Bellevue Psychiatric Hospital and I have pointed out the important roles which nurses can play in such therapy. I have tried to point out that the treatment of adolescent delinquents is not a hopeless task, but that one can accom-

plish much if he has enthusiasm and confidence.

A follow-up study of three hundred adolescent court cases shows that only 10.66 percent are in correctional institutions and that 67 percent are adjusting well at home. These figures are more favourable than those reported from most child guidance clinics, and, in my opinion, tends to suggest that a thirty day period of observation of adolescent behavior problems is of definite value. I believe similar wards should be instituted in other psychiatric hospitals and in state hospitals.

I also believe that the nurse who works successfully with these adolescents not only has the satisfaction of knowing that he is making a definite contribution to society but his own inner life is enriched as a result of the knowledge he has acquired of himself and of others.

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## British Nurses' Heroism

A story of extraordinary heroism on the part of nurses was told recently by Mr. Ernest Brown, British Minister of Health. Two maternity nurses were awakened in a Bristol hospital at 2.30 a.m. on a raid night to be told that an expectant mother was pinned under a collapsed house nearby. They went at once to the house and had to be lowered to the cellar through a small street grating into complete darkness. Gas was escaping, but they set to work to free two children and their grandmother, moving the debris brick by brick. Only a small part of the body of the expectant mother could be reached: the nurses stayed with her all night giving her injections and directing the shoring-up operations. The woman was finally released and taken to hospital.

# Notes From the National Office

**Contributed by JEAN S. WILSON,**
**Executive Secretary, The Canadian Nurses Association**

## Conference with Canadian Hospital Council

On Monday, June 2, 1941, representatives of the Canadian Nurses Association conferred with several officials of the Canadian Hospital Council in regard to matters of mutual interest. Several weeks before the presidents of the Canadian Hospital Council and the Canadian Nurses Association had received similar letters from the National Commandant of the Women's Voluntary Service Corps, Canadian Red Cross Society, in which a request was made for co-operation in arranging for the training of selected members of the Nursing Auxiliary Section of the Women's Voluntary Service Corps as may be offered by civilian hospitals.

This request from the Canadian Red Cross Society was thoughtfully discussed by the representatives of the Canadian Hospital Council and the Canadian Nurses Association and then the following resolutions and recommendations were adopted:

1. Inasmuch as there may be a shortage of graduate nurses, and inasmuch as in the future voluntary nursing aides for disaster and emergency service may be needed, and inasmuch as there will be a number of problems to be solved in the organization of the necessary instruction for voluntary nursing aides, be it resolved that this joint conference of the Canadian Hospital Council and the Canadian Nurses Association deem it advisable that selected hospitals set up experimental courses in voluntary nursing auxiliary training following a curriculum prepared by the Sub-Committee on Syllabus of the Canadian Red Cross Society and the St. John Ambulance Association as may be revised by the Canadian Nurses Association.

2. It is recommended by the Joint Committee of the Canadian Hospital Council and the Canadian Nurses Association that experimental centres be set up in Halifax or Saint John; Montreal; Toronto; Victoria or Vancouver.

3. Resolved that this Joint Committee of the Canadian Hospital Council and the Canadian Nurses Association, realizing the medico-legal potentialities involved in the acceptance of training voluntary nursing aides, recommend to the Canadian Nurses Association that a sub-committee to approve the syllabus for voluntary nursing aides be instructed to so revise the syllabus that the utmost medico-legal protection can be given to the hospital.

4. Whereas the joint meeting of the Canadian Hospital Council and the Canadian Nurses Association endorsed the plan for experimental courses for voluntary nursing aides, it is recommended that the Canadian Nurses Association recommend to the provincial associations of registered nurses that other hospitals do not undertake such courses until the results

of the experimental courses be made known.

These resolutions and recommendations were approved by the Executive Committee of the Canadian Nurses Association on June 3, 1941. Other matters of mutual interest that received attention will be reported in an ensuing issue of the *Journal*.

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**Loans and Bursaries**

In *Notes from the National Office* in the May issue of the *Journal*, reference was made to the Executive Committee of the Canadian Nurses Association having brought to the attention of the provincial associations of registered nurses their responsibilities in undertaking to maintain nursing standards under existing conditions as well as in preparation for the post-war period. From recent reports by the provincial associations, it is gratifying to note that there is an increasing appreciation of the need to encourage younger nurses to qualify themselves by post-graduate courses and that recently in several provinces a loan fund has been established by which nurses may secure financial assistance for their post-graduate study and work.

The Executive Committee of the Canadian Nurses Association in meeting on June 2 and 3, 1941, re-stated a desire to promote the use of the Association's funds as set aside for loans and bursaries in 1940. Although in previous *Notes*, the policy and regulations for loans and bursaries have been published, they are being re-stated for the benefit of readers who may not have seen the first announcement.

*Policy re loans and bursaries*:

The Canadian Nurses Association is interested in helping nurses who are financially handicapped, in furthering their professional standing and a sum of money has been made available for this purpose. This financial assistance is in the nature of loans and bursaries. While a considerable amount has been made available for loans, funds for bursaries (cash grants) are limited. Therefore it is hoped that members of the Canadian Nurses Association who are in need of financial aid will apply for loans when possible rather than for bursaries. Bursaries will be available, however, to nurses who have demonstrated outstanding ability in administration, teaching or supervision, and who are anxious to prepare themselves for some particular position demanding special qualifications.

*Regulations re loans*:

1. That loans be offered for post-graduate study and experience and that such post-graduate courses be taken in Canada except when the type of course desired by the nurse cannot be obtained in her own country.

2. Should a nurse apply for a loan for post-graduate study in another country she should be notified that she obtain the advice of the Florence Nightingale Memorial Committee as to whether or not the course she wishes to pursue is available in Canada.

3. The maximum amount of a loan shall be five hundred dollars.

4. Repayment shall commence during the year following the completion of the course.

5. Security on the loan shall be by posting a bond, or by one or two guarantors.

6. If the recipient leaves the nursing profession for marriage, or any other reason, before payment has been completed the full balance owing shall be repaid immediately.

7. The Canadian Nurses Association offers loans not only for the benefit of its members but also for the benefit of nursing service in Canada. Any nurse, therefore, who secures a loan shall agree to serve in Canada for at least two years and until the loan has been refunded.

Any nurse who wishes to apply for a loan should send her request to the Executive Secretary, Canadian Nurses Association, 1411 Crescent Street, Montreal, P. Q.

**British Nurses Relief Fund**

Contributions to the British Nurses Relief Fund have been received from:

*Alberta*:

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|---|---|
| Alberta Association of Registered Nurses | $350.00 |

*British Columbia*:

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| Registered Nurses Association of British Columbia | 500.00 |

*Manitoba*:

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|---|---|
| Manitoba Association of Registered Nurses | 1000.00 |

*New Brunswick*:

| | |
|---|---|
| New Brunswick Association of Registered Nurses | 200.00 |

*Nova Scotia*:

| | |
|---|---|
| A. A., St. Joseph's Hospital, Glace Bay | 10.00 |
| A.A., Victoria General Hospital, Halifax | 25.00 |
| A.A., Aberdeen Hospital, New Glasgow | 12.50 |
| Nursing Sisters of Halifax, Sydney and Mulgrave Installations | 107.40 |
| Individual Subscriptions (5) | 6.00 |
| Branches, Registered Nurses Association of Nova Scotia: | |
| Cumberland County Branch | 21.00 |
| Members, Halifax Branch | 19.26 |
| Pictou County Branch | 20.00 |
| Colchester County Branch | 10.00 |

*Ontario*:

| | |
|---|---|
| Registered Nurses Association of Ontario: | |
| Districts 2 and 3 | 200.00 |
| District 5 | 100.00 |
| A.A., Soldiers' Memorial Hospital, Orillia | 10.00 |
| A. A., (Red Cross Auxiliary), Toronto Western Hospital | 100.00 |
| A Friend in New Jersey | 10.00 |
| London Nurses | 50.00 |
| Welland Nurses | 29.00 |
| Orillia Nurses | 3.25 |
| Toronto Department of Public Health Nurses Association | 84.15 |
| St. Elizabeth Visiting Nurses Association | 27.30 |

*Saskatchewan*:

| | |
|---|---|
| A. A., Regina General Hospital | 50.00 |
| A. A., Moose Jaw General Hospital | 15.00 |
| Individual subscriptions (181) | 303.07 |
| Saskatoon Registered Nurses Association and Nurses in Saskatoon | 242.83 |
| St. Paul's Hospital, Saskatoon | 5.00 |
| Regina Grey Nuns Hospital | 10.00 |
| St. Elizabeth's Hospital, Humboldt | 14.00 |
| Holy Family Hospital, Prince Albert | 5.00 |
| Regina Registered Nurses Association | 75.00 |
| Nurses at St. Joseph's Hospital, Gravelbourg | 5.00 |

## The S.R.N.A. Annual Meeting

The setting for the convention of the Saskatchewan Registered Nurses Association was an ideal one. The Sanatorium at Prince Albert not only opened its doors but every facility was placed at the disposal of those attending the meeting. Delegates were personally greeted by the superintendent, Dr. Kirkby, and by Mrs. Stephen, the superintendent of nurses. Throughout the convention, the president and the secretary were guests at the Sanatorium, and all members were entertained at luncheon on the first day. The proceedings began in the usual way but the opening addresses were not perfunctory messages. In replying to them, Miss Halpenny of Yorkton suggested that the future holds special challenges for us all, not only in carrying our share of our own problems but in the support that we give to British nurses in their hours of great stress.

In her presidential address, Miss Ann Morton reviewed the work of the Association for the past year as having

centred around two main objectives, the stabilization of nursing service and support of war activities. Miss Morton spoke of change as the only permanent thing in life today and called on us to take part in constructive thinking and unity of action as essential steps in the solution of the problems that must now be faced. The registrar's and treasurer's reports showed a record membership for 1940-41, and gave evidence that the Association's financial condition is a healthy one in spite of the increased responsibilities that have been undertaken during recent years.

The reports of the three Sections were presented by the respective conveners: public health, Miss M. Pierce; general nursing, Miss M. Chisholm; hospital and school of nursing, Miss M. Reid. These, and the section meetings, showed that nurses in the various centres are becoming increasingly active. The report of the hospital and school of nursing section evidenced that very practical studies of the Supplement to a Proposed Curriculum for Schools of Nursing in Canada are being carried out.

Reports of special committees, covering established and new activities, include the committee on organization of the Association into districts and chapters; the history of nursing committee; and the committee on nursing insurance and nursing service. Last, but not least, a special committee was appointed to further the support already given by nurses in Saskatchewan to the C.N.A. British Relief Fund. A very stimulating, report on behalf of the *Journal* Committee was given by Miss Augusta Evans. The graph showed that nurses in Saskatchewan must support the *Journal* more actively before they can rightly claim to be bearing their share of this professional development.

Special time was set aside for problems outlined in a letter received from Miss Jean S. Wilson, executive secretary of the Canadian Nurses Association. The problems were those affecting the stabilization of nursing services in Canada and also the question of practical experience for V.A.D. nursing aides. Members were reminded of the bursaries now being made available by the Canadian Nurses Association to nurses throughout Canada who desire to take post-graduate work. The round table discussion under the leadership of Miss R. M. Simpson was a stimulating session.

Addresses were given by Dr. Hope Hunt, professor and head of the School of Household Science at the University of Saskatchewan. In her first address Dr. Hunt stressed the need for closer co-operation between members of the nursing and dietetic staffs whom she likened to the blades of a pair of scissors which are only really effective when in direct co-ordination. In her address on war-time budgeting Dr. Hunt suggested need for circumspect buying and saving. At the dinner meeting, Mr. Wood ably developed the subject of libraries and their use by the busy citizen. In a humourous way be spoke of the abuses as well as the uses of libraries. An interesting address was also given by Mr. Fraser who discussed the present world situation and our undivided responsibilities in relation to it.

An outstanding event was an exhibit depicting the history of nursing declared to be the best ever reviewed by an experienced conventionist. This included a nurse's cap and text book exhibit kindly donated by the J. B. Lippincott Company. From the history of nursing committee of the Canadian Nurses Association came a letter from Miss Snively and other interesting material. The history of schools of nursing and or-

ganizations, particularly in Saskatchewan, was appropriately illustrated. From every school of nursing in Saskatchewan and from the V.O.N. and the R.C.A.M.C. came beautifully dressed dolls wearing "past" and "present" uniforms. Phonograph records explained slides illustrating nursing history, a project directed by Miss Goodman, instructor at the School of Nursing of the Victoria Hospital, Prince Albert. The story of the steps in the life of a student nurse were cleverly portrayed by the students of the Victoria Hospital.

Social entertainment included an enjoyable luncheon given by the Reverend Sisters of the Holy Family Hospital. A dinner at which the delegates were guests of the board of directors and officers of the Victoria Hospital, and a delightful tea given by Dr. and Mrs. Kirkby of the Sanatorium were crowning events. As on former occasions, the Prince Albert Registered Nurses Association set a new record; under the convenership of Mrs. Jean S. Harry, nothing was overlooked.

A special vote of thanks was tendered to Miss Ann Morton, the retiring president. For three years Miss Morton has devoted much time to the responsibilities of this honourary office, which she has so graciously filled. Miss M. Diederichs, of the Regina Grey Nuns Hospital, was welcomed to the chair. Other officers elected were: first vice-president, Miss M. Ingham; second vice-president, Miss E. Pearston; councillors: Rev. Sister Herman and Miss M. Pierce; chairmen of Sections: general nursing, Miss Wozny; hospital and school of nursing, Miss A. F. Lawrie; public health, Miss Gladys McDonald.

The members of the Saskatchewan Registered Nurses Association left Prince Albert with very happy memories of the days spent there. The generous hospitality extended to them will be a lasting memory and the nurses apparently felt at home in the delightful surroundings of the Sanatorium. Discussion was not limited to a few brave souls—new faces were seen and new voices were heard. From a number of centres young graduates came, we were glad to welcome them, and hope that they will come again.

K. W. Ellis,
*Secretary-Treasurer and Registrar.*

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## Annual Meeting in Newfoundland

The Newfoundland Graduate Nurses recently held their seventh annual meeting with the president, Miss Syretha Squires, in the chair. Miss Squires reviewed the work of the year, and made special reference to the excellent lectures given at the meetings. She extended a welcome to the Canadian and American nursing sisters to Newfoundland, and commended their brave and splendid undertaking. She summarized her report as follows: that much inspiration and benefit have been received from the year's lectures; that Red Cross work must continue to be carried on; that all nurses must prepare themselves for any eventuality by studying first aid methods in order to be able to render emergency service. Perhaps the outstanding achievement of the N. G. N. A. this year was the formation of a Canadian Nurse Committee, through whose medium the Newfoundland nurses may contribute

articles and share the privileges by having "news notes" published monthly in the *Journal*. An interesting exhibit, lent by *The Canadian Nurse* Journal, was displayed. In future, one meeting during the year — preferably in December — will be reserved as *The Canadian Nurse* night, when articles from the magazine will be reviewed, an interesting quiz held, and subscriptions taken for the magazine for the coming year.

The outstanding feature of the evening was the unveiling of a picture of Florence Nightingale at Balaclava, presented to the Association by Miss Squires. The picture was taken from the original as etched on stone by Robert Riggs. At the unveiling, the nurses rose and repeated the Florence Nightingale pledge.

The following officers were elected to serve during the coming year: president, Miss Rose M. Berrigan (French Hospital, New York); vice-president, Miss Annie Bishop (Grace Hospital, St. John's); secretary, Miss Pauline Sheppard (General Hospital, St. John's); assistant secretary, Miss Myrtle Cummings (Grace Hospital, St. John's); treasurer, Miss Mary Collins (Halifax Infirmary, Canada); assistant treasurer, Miss Estelle Bartlett (St. Vincent's Hospital, New York); convener, entertainment committee, Miss Ethel Thomas (Ottawa Civic Hospital, Canada); *The Canadian Nurse* magazine convener, Miss Myrtle Cummings; convener of committee in aid of the Red Cross, Miss Syretha Squires (General Hospital, St. John's).

The Rotary Club of St. John's was recently addressed by Miss Syretha Squires, the subject being "Florence Nightingale — the administrator". The speaker dealt with an angle which has been largely overlooked — that of her ability and talent as an administrator and as an expert statistician.

Miss Dorothy Geen, S.R.N., S.C.M., superintendent of child welfare, has recently returned from St. Thomas's Hospital, London, where she was doing war work, having gone back to her own hospital at the outbreak of war. At a recent tea given in her honour by Mrs. L. C. Outerbridge, she told interesting and thrilling tales of her old training school and of work in the air raid shelters. Mrs. E. A. Stocks, sister-in-charge of the Markland Cottage Hospital, recently paid a visit to St. John's. She is taking her leave of absence in Canada. Miss Elsie Fishwick, S.R.N., sister-in-charge of Ramea Nursing Station, was also a recent visitor.

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*Editor's Note*: The annual report and the news items were prepared by Miss Syretha Squires, retiring president of the Newfoundland Graduate Nurses Association and we cannot resist quoting a brief paragraph from the personal letter which accompanied it: "The roads are open and I am having an invasion of English nurses — all anxious about home and relatives and wanting to go back, but it is very difficult to get passage, except for those going on official business. I also have letters from three refugee doctors who are acting as nurses on my staff — brilliant women, mostly Vienna trained — harrowing letters about parents sent to Poland and whereabouts unknown. A Newfoundland outport must be a far cry from Vienna — the city of Strauss, gaiety, culture and friends. I think they are marvelous to be sane enough to work and send in lucid reports each month telling of such mundane things as 'an outbreak of measles in Devil's Reach.' "

The *Journal* owes a deep debt of gratitude to Miss Squires for her enthusiastic and steadfast support of the *Journal* during the term in which she held office as president. We welcome the new officers, and are proud that the *Journal* can look forward to a continuation of the happy relationships which have been established during the past year.

# PUBLIC HEALTH NURSING

Contributed by the Public Health Section of the Canadian Nurses Association.

## A "Practice" Raid

*Editor's Note*: This description of emergency service during an imaginary "air raid" is sponsored by the Public Health Nursing Section of the New Brunswick Association of Registered Nurses.

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The work in the editorial office was pretty well cleared up and I knew by the humming of the machines that the morning paper would soon be on its way for delivery, so I decided I would start for home. As I walked along, the siren blew and I thought "Oh! a blackout" and hurried to take cover. As I hastily turned the corner I ran plunk into a woman hustling in the opposite direction. We looked indignantly at each other and I said "Lady, you are going towards the docks — aren't you frightened?" She gave a little sniff and said, "I am going to the A. R. P. station" and called my attention to her arm-band and her flashlight.

Being a newspaper man and never having seen a station in action, I said "May I go with you?" She said "Certainly, come along". We reached the door of a school and there she stopped and I with her. Very shortly, nurses, first-aiders, stretcher bearers, and ambulance drivers appeared from all directions and without any confusion, each and every one hurried to his or her allotted position. I heard a crash and an explosion and said "What is that"? and she replied that this end of the city must be getting the "raid". Pretty soon the stretcher bearers brought in the first casualty. The nurse took the card from the stretcher bearers, dictated her instructions to a stenographer sitting nearby and then sent the patient to the room handling that particular type of case. I counted thirty-five patients in all in the few minutes I stood there. Some were sent to the room for handling shock, some to the operating room, some for first aid to be taken immediately to the ambulance and then out to the general hospital.

As the siren sounded all clear, I asked the nurse to tell me something about the way these A. R. P. stations are conducted. She told me that there are seventeen in the city. Some are in churches, some in public buildings, and some in schools. There is usually an overseas nurse of the last war in charge of the nursing and the number of assistant nurses is in proportion to the size of the station. Some of these nurses are married, some retired, and others are still on active duty. At the door are the record copyists of the cases. There are four records for each case: one goes to Ottawa, one is kept here, one goes with the patient, and one for the records of the work in the city. Two of the young ladies came from a station about four miles away to assist, and the ambulance which brought them in

eight minutes from the time the black-out started does duty as a breadwagon in the day time. So you see a great many different agencies are doing what they can to help.

Many of the nurses serving at the stations are public health nurses. Those to whom I spoke, and who arrived in the breadwagon bringing their first-aid equipment with them, are Victorian Order Nurses. One is still working with the Order and the other is now married. Then we also have school nurses, tuberculosis nurses, child welfare nurses, and hygiene nurses whose days are pretty busy but who also try to do their bit in this way. I said to the nurse "Where do you suppose the damage was done?" and she answered: "You will probably hear all about it over the radio in the morning." As I said good-night I paid my tribute to the realism of this "practice raid" and, as a newspaper man, I determined that the people of Saint John should know that their public health nurses are not only doing their work by day but are also prepared for any emergency at night.

*Ready, aye ready, for action are they*
*Nurses for service by night or by day*
*Women of courage, and prompt one and all*
*Whenever the sirens of warning may call.*
*Theirs is the spirit that nothing can daunt*
*Theirs is the answer to dictators' vaunt*
*And theirs is the spirit of Empire's might*
*Which will win a great victory for God, King and Right.*

## Victorian Order of Nurses

The forty-third annual meeting of the Board of Governors of the Victorian Order of Nurses for Canada was held in Ottawa on May 7. During the day 149 delegates registered, representing 53 of the 92 branches of the Order in Canada. The good attendance in such busy and distressing times is an encouraging sign of the interest of the board members in home services. The nurses who attended the meeting began the day with a delightful breakfast party at the Parliamentary Restaurant as the guests of Mrs. George Black. Each of the 30 nurses present received an autographed copy of "Memories of a Yukon Summer" as a further token of Mrs. Black's graciousness as a hostess.

The morning session opened with the showing of a film, "The Proof of the Pudding", by the kind permission of the Metropolitan Life Insurance Company. This attractive coloured film, emphasizing the importance of a proper diet, is to be shown in various theatres in Canada. The president, the Honourable Henry Hague Davis, welcomed the delegates and then introduced Dr. J. Harry Ebbs of the Hospital for Sick Children, who spoke on the influence of prenatal diet on the mother and child. Dr. Ebbs told of the study made in Toronto on this subject and illustrated his talk with lantern slides. The information given was of vital interest and it is hoped that we shall hear more about the results of the study. Miss Dorothy Cotton, of the Toronto Branch, then gave an interesting monologue entitled "A Victorian Order nurse teaches nutrition."

Later in the morning, the preliminary

PACKING THE LITTLE BLACK BAG
OUT CALLS MADE IN ALL PARTS OF THE CITY
ACCIDENTS STILL HAPPEN
DADDY'S SOMEWHERE IN ENGLAND
COMFORT FOR THE CHRONIC INVALID
GRADUATE NURSES MUST BE KEPT UP-TO-DATE
A VISITING NURSING SERVICE AT MODERATE COST FOR EVERYONE IN THE COMMUNITY
THE VICTORIAN ORDER OF NURSES CARRIES ON IN WAR TIME

*Exhibit demonstrating V. O. N. activities. On the right "The Canadian Nurse" has pride of place.*

session of the Board of Governors was held. The report of the joint honourary secretaries was read by Miss Beatrice Belcourt and the report of the joint honourary treasurers was presented by Mr. W. R. Creighton. A resolution from the Regina Branch with regard to a scheme for the superannuation of nurses, was presented by Mrs. Stapleford. After discussion it was decided that a committee be appointed by the Executive Council to study the question further and report their findings to the next annual meeting.

At the luncheon, Mr. T. D'Arcy McGee welcomed the delegates and paid tribute to the Rt. Hon. George P. Graham, Past President of the Order, who did so much to build up its work during his term of office. Mr. McGee then called on the Hon. Cairine Wilson who announced the winners of the picture and story contests and awarded War Savings Certificates as prizes . The first prize in the picture contest was awarded to Miss Cornelia Sheridan of the Hamilton Branch, the second to Miss Bessie Wilson, York Township Branch, the third to Miss Evelyn Armstrong, Truro Branch, and the fourth to Miss Alberta Creasor, Victoria Branch. Honourable mention was given to the entries from Montreal, New Liskeard, Ont., and Sydney, N. S.

In the story contest the entries of Miss Christine Charter of Liverpool, N. S., and Miss Julia Moody of Lachine, Que., tied for first place. The second prize was awarded to Miss Margaret Cameron of the York Township Branch, and the third to Miss Ethel Greenwood, Toronto. Honourable mention was given to Miss Catherine Small, Montreal; Miss Rachel Doull, Prince Albert; Miss S. Gardiner, Vancouver; and Miss Constance Leleu, Hamilton. After the presentation of the prizes the two first prize stories were presented; Miss Charter's story as a reading by Miss Adele Plante, Miss Moody's as a dramatic sketch by Miss Jean Christie of the Metropolitan Life Insurance Company and Miss Betty Ormond of the National Office staff. Dr. N. L. Burnette then summed up the program with a few remarks on the story as a means of publicity. He spoke of the high quality of the material submitted and the fine

spirit and sense of humour of the nurses as portrayed in their stories.

The chairman then called on a number of those present to say a few words. Among those who spoke were the Hon. C. W. G. Gibson, K.C., M.P., Hamilton; Miss Elizabeth Smellie, C.B.E., R.R.C., Matron-in-Chief of the R.C.A.M.C.; Mrs. Murray Gibbon of Ste. Anne de Bellevue; Rev. Dr. Ellery Read, Sherbrooke; Mr. Feurth, Border Cities; Mrs. J. Lynch, Peterborough; Mr. Douglas Hazen, M.P., Saint John; and Mr. Justice Barclay, Montreal. The good humour of the chairman may have been infectious for the impromptu speeches were both brief and full of wit.

The afternoon session was opened under the most distinguished patronage of Her Royal Highness the Princess Alice. The address of the president, the Hon. Henry Hague Davis, was full of sincerity as to the value of visiting nursing as a national service and the importance of carrying on in war time. Miss Maude Hall, Acting Chief Superintendent, then gave the report of the nursing activities for 1940. Miss Hall told of the opening of two new branches (Campbellton, New Brunswick, and West Vancouver, British Columbia)—and the organization of a third branch in Peterborough, Ontario, during the year. She spoke of the great need for service in many centres not yet reached by the Victorian Order of Nurses and told of the service rendered by the Order to the families of the men on active service. While no record was available for 1940, in the first three months of 1941 visits were made to 2,214 families of men in the armed forces. Miss Hall also reported an increase in the work but pointed out the many fields which have not been fully explored such as nursing in industry and service to full pay patients as well as the many communities in which there is no visiting nursing service.

Colonel the Hon. Herbert A. Bruce, M.D., M.P., then gave an address on the progress of medicine and delighted the audience with humorous and interesting anecdotes of the advance of this science. Dr. Bruce also paid tribute to Miss Smellie for the part she has played in building up the work of the Order. The report of the advisory committee on nursing was read by Mrs. R. L. Blackburn. The Hon. Cairine Wilson gave the report of the education and publicity committee. The Hon. Henry Hague Davis was re-elected president for 1941. At the close of the afternoon session the delegates were the guests of Mrs. R. L. Blackburn at tea. While enjoying Mrs. Blackburn's gracious hospitality they were given an opportunity of talking over the events of the day and meeting old friends and new.

BEATRICE CREASY,
*Acting Assistant Superintendent, Victorian Order of Nurses for Canada.*

## "The Bloodless Phlebotomist"

"The Bloodless Phlebotomist", published by the Denver Chemical Manufacturing Company, contains a number of interesting articles. While the purpose of the publication is to acquaint its readers with Antiphlogistine and Galatest, there are a number of items and illustrations which are of general interest. Those who desire a copy may obtain one by writing to the Denver Chemical Manufacturing Company.

# Dermatological Aspects of Hodgkin's Disease

D. E. H. Cleveland, M.D., C.M.

Hodgkin's Disease is one of the group of related diseases known as lymphoblastomas. These are diseases of the lymphoid structures, and include leukaemia, lymphosarcoma and mycosis fungoides. They all produce changes in the blood, with varying degrees of anemia and enlargement of the superficial or deep lymph-nodes or spleen, or all of them. All involve the skin more or less frequently: mycosis fungoides always does; leukaemia does not do so commonly. All are eventually fatal.

The etiology of the lymphoblastomata is not generally agreed upon. While in Europe they are considered to be due to an unidentified infectious agent, the predominating view in America regards them as neoplasms, that is, new growths, of a malignant character.

Hodgkin's Disease involves the skin in at least 25% of all cases; in 10% or more the first symptoms to appear are cutaneous. Since the skin is such a large and extensive organ, and the seat of such a variety of sensations, the patient with Hodgkin's Disease may fail to observe or be concerned about enlarged superficial lymph-nodes, if moderate in size. For this reason the symptoms that first take the patient to the doctor in about 35% of cases arise from the skin.

The cutaneous symptoms may simply be persistent, often severe itching. This may continue for a long time with no obvious cause. This is usually sooner or later accompanied by redness, excoriations, pigmentation, thickening, dryness and roughness. These symptoms may be at first confined to certain areas of the body, such as the limbs, the upper or lower trunk, but sooner or later they become generalized; especially the pruritus. In a small proportion of cases the entire skin of the body becomes red and scaly. The scaling is extraordinarily profuse, it not being unusual to remove a pint of scales from the bed in the morning. This is often referred to as exfoliative dermatitis, but it should be understood that exfoliative dermatitis is the name of a symptom and not of a disease, just as headache is not disease but a symptom of a disease. Still more rare is the appearance of firm nodules of various sizes in the skin.

These early cutaneous symptoms of erythema, pruritus, thickening and scaling often mislead those inexperienced in the diagnosis of skin diseases, and the case is regarded as one of eczema. Some lotion or ointment is used, based on such a supposition, or the patient is sent to a radiologist to be treated as a case of eczema. Since Hodgkin's tends to have periods of quiescence wherein all symptoms observed by the patient disappear, it is often concluded in these cases that the "eczema" has been cured by the last remedy used.

Careful examination shows however that there are other symptoms of which the patient is unaware which do not go and come as do the skin symptoms. The most conspicuous of these symptoms is the enlargement of regional lymph-nodes, such as the groups in the axilla, the groins or the neck. Any case of generalized dermatitis, with itching — sometimes itching is for a long time the only symptom the patient complains of — redness, dryness, roughness or scaling, greyish-brown pigmentation, *that is accompanied by enlarged regional lymph-nodes*, will always be regarded

with suspicion by the trained dermatologist. He will not be satisfied easily by the disappearance of the skin-trouble after the use of some simple lotion or ointment or a few X-ray treatments. He will carry his investigations much further; a lymph-node will be removed for examination, X-rays will be taken of the chest to show possible enlargement of mediastinal lymph-nodes, the blood will be examined routinely and also with special techniques. All these examinations may fail to show anything conclusive, especially in early cases. It may be necessary to remove and examine lymph-nodes repeatedly.

The treatment of Hodgkin's is usually successful in controlling the discomfort and ameliorating the symptoms. It consists in the use of colloid or starch baths, sedative lotions or ointments. Some patients find a dry treatment consisting simply in liberal use of powder such as borated talcum between baths, the most comfortable. Others with identical symptoms prefer oily or greasy applications: simple borated vaseline or mineral oil is useful. The scaly red cases usually feel the cold very much and need special precautions against chilling. Iron is usually necessary to combat the anemia. X-rays form a valuable part of the treatment, but the time comes sooner or later when the disease no longer responds to X-rays, and they will be discontinued. Nevertheless the value of X-rays is not merely in relieving symptoms, but properly used they may postpone the day of the inevitable termination of the disease.

Several varieties of Hodgkin's Disease are distinguished by microscopic study of the diseased tissues, and the prognosis varies greatly in them. Some types do not survive two years, and others may live in reasonably good health for over ten years from the time the diagnosis is first made. In the very advanced stages the proliferation of lymphoid tissue reaches the point where vital functions — of circulatory, respiratory or nervous systems — are hampered and finally fail.

A typical case, unusual only in respect to the youth of the patient, which was of much interest to the nursing staff was a patient in Ward A, Vancouver General Hospital for about two months preceding his death. The lad, about nine years of age, was referred to me by a doctor in general practice who had regarded the case as one of eczema for some months and had failed to influence the symptoms by ordinary treatment. He was rather pale and underweight and had an extensive area of skin over the abdomen which was dull red, dry and thickened, with a little scaling. Itching was very troublesome. The lymph-nodes in the axillae and groins were found to be slightly enlarged. He was referred to the outpatient department and routinely put through the pediatric section. A lymph-node was removed, but microscopical examination was suggestive of tuberculosis and under the tuberculosis clinic treatment by rest, diet and ultra-violet radiation was carried out for some months. At the end of this time he was finally sent to the dermatology clinic. There had been a little improvement in the skin but the lymph-nodes were larger and removal and examination of another one this time unequivocally confirmed the suspicions of Hodgkin's Disease which I had formed when I first saw him at my office. He made very satisfactory progress under X-ray treatment, his skin symptoms clearing almost completely. This was followed in a few months by a relapse when the course of treatment was repeated, this time with less prompt and less complete improvement. He again relapsed, and this time was much worse than he had been

before. The lymph-nodes in axilla and groins were much enlarged and the skin changes were more extensive. He was becoming more anemic and gave general indications of weekness and poor nutrition. This time he failed to show the former response to X-ray treatment and it was not continued.

I explained to the boy's mother that the eventual outlook was not good, and that the only treatment that could be used at this stage was rest, good food and fresh air, iron and sedative application. This was in the spring. Late in the summer, after we had lost touch with him for some time, a social worker established contact with the mother who very happily reported that after our failure to do anything for him, a "specialist in diet" had treated and cured him. Unfortunately this was a premature conclusion, for a few months later he was back and this time admitted to the ward as a very sick boy. There was great enlargement of the lymph-nodes of axillae and groins, edema of the skin of the lower abdomen and of the external genitalia, due to pressure on the venous and lymphatic vessels by the enlarged nodes, abdominal ascites and dyspnea due to interference with the movement of the diaphragm by the fluid in the abdomen, also probably by enlarged mediastinal lymph-nodes and also at a later stage by fluid in the pleural cavity. There was profound anemia, due to invasion of the bone-marrow by lymphocytes thus interfering with the production of red cells. These symptoms became increasingly severe until after about two months the end came with a terminal pneumonia. Autopsy showed that the pleura and peritoneum had been extensively invaded.

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# McGill School for Graduate Nurses

This year, Convocation Day at McGill University had a special significance for the School for Graduate Nurses, for the graduation of the Class of 1941 marks the coming of age of the School.

The usual graduation festivities were greatly curtailed, but the open air Convocation ceremony left nothing to be desired. In spite of ominous threats of rain the sky was cloudless. A record-breaking number of people witnessed the proceedings which were honoured by the presence of His Excellency the Governor-General, H.R.H. Princess Alice and, of particular interest to nurses, Miss Grace Fairley, president of the Canadian Nurses Association. For the first time in the annals of McGill University a woman, Dorothy Thompson, delivered the address to the graduating class. Her every word was chosen with masterly precision, and by good fortune the amplifiers worked to perfection so that not one phrase was lost. Her interpretation of the present crisis and her faith in the ability of the freedom-loving peoples to build a new and better world, offered an unmistakable challenge and at the same time gave fresh courage for the days ahead.

The colourful ceremony climaxed a year in which first aid and preparedness programs were added to the regular School schedule of classes, practice teaching, and field work. Of the thirty-one graduates in nursing, seventeen received

*Miss Lindeburgh and a "practice teaching" group.*

the certificate in teaching and supervision, while fourteen qualified as public health nurses. Already two members of this class have been called up for military service. These numbers are all too few in view of the urgent need for specially prepared head nurses, supervisors, instructors and administrators for our Canadian schools of nursing and hospitals, as well as for qualified public health nurses for many fields. In order to meet the challenge to nursing inherent in this situation, our university schools must maintain, and if possible augment, the supply of qualified graduates. In an effort to enable promising nurses to secure the necessary post-graduate experience or study to fit them for positions of increasing responsibility, the Canadian Nurses Association has set aside a fund to provide bursaries and loans for this purpose. Graduates of our university schools who realize the advantage of adequate preparation, and who understand the importance of nursing skill and a pleasing personality as well as academic achievement, can make a real contribution by encouraging the right type of candidate to seek further preparation and to direct her to sources of financial aid if and when necessary.

It is indeed timely that the Canadian Nurses Association has pointed out the dangers in the situation, not only for the present emergency but for the future of nursing, and is giving practical leadership in attempting to meet a difficult problem.

## Miss Macdonald Retires

After rounding out thirty years of service in the Calgary General Hospital Miss Sara Macdonald has decided to retire. A native of Prince Edward Island, Miss Macdonald is a graduate of the School of Nursing of the Massachusetts General Hospital and for a time was supervisor in that institution. In 1911 she joined the nursing staff of the Calgary General Hospital and served in various positions until in 1923 she was appointed superintendent of nurses. In that capacity she has made a notable contribution to the development of the hospital and the school of nursing associated with it.

Miss Macdonald has always taken a prominent part in the work of nursing organizations, and especially in the activities of the Alberta Association of Registered Nurses in which she has served as president and as councillor. She enjoys art, music, and reading and displays a lively interest in the welfare of the community. The high regard in which she is held by her staff and students and by the Alumnae Association has been shown by the many delightful social events recently arranged in her honour.

## Public Health Workers Meet in Victoria

After a lapse of one year, the annual gathering of public health workers was held recently in Victoria, under the auspices of the Provincial Board of Health. The name of these meetings was changed this year from the Public Health Nurses' Refresher Course to the "Institute for Public Health Workers". The six sessions were in the nature of staff meetings with the various officials of the Provincial Board of Health. The theme was the practical application of the modern basic outlook in the generalized public health program. Various phases of the main topic were discussed by each of the division directors and also our two consultant public health nurses. A welcome was given by Dr. Amyot and also by Dr. Richard Felton, medical officer of health for the city of Victoria. At the end of each day films related to the subjects that had been discussed were shown and through this innovation interest was maintained throughout the day. A particularly interesting film was "Nine Cents Per Capita" which was produced by the Provincial Board of Health through its Division of Venereal Disease Control. The consensus of opinion was that this film was on a par, in every respect, with professionally produced films. As has been the custom in previous years, a luncheon was held and instead of having any additional talks at this time, two moving pictures were shown. This change seemed to be appreciated by all, and the hearty laughter in response to the comedy shown first made everyone ready for the tasty meal which followed.

One feature which drew favourable comment was the plan which permitted discussion in small groups. The full-time medical health officers made up one group and the public health nurses were divided into four groups of ten members. Another satisfactory experiment was the question box. Opportunity was thus given to make queries which were then answered by various members of the Provincial Board of Health toward the end of each afternoon. In this way the sessions were kept to their scheduled times, and problems expressed by both public health nurses and full-time medical health officers were clarified. Demonstration visits were portrayed by some of the public health nurses. These proved to be both instructive and entertaining.

It is hoped that it will be possible to continue these institutes annually in the coming years and that in the future more of the field staff will take an active part. On this occasion the senior officials of the Provincial Board of Health carried the bulk of the program in an endeavour to present the new outlook and to interpret the revisions in policy which have occurred during the past year.

— Louise M. Drysdale

## O.N.S.A. News-Letter

We are happy to announce that our first contribution of four hundred pounds sterling has reached the Royal College of Nursing in London to be used in extending relief to civilian nurses who have suffered from enemy air raids. Further contributions have been received from several Units, amounting to several hundred dollars. In forwarding their second donation, the secretary of the Toronto Unit stated "The collection for this fund has been no effort. Enthusiasm was so great that the meeting, from the standpoint of order, got quite out of hand."

From Victoria, B. C., we learn of the

death of Miss Agnes Forbes, a member whose keen interest and wise advice on Association matters will be greatly missed. Increased war activities are recorded, and a donation of $175 to the Lord Mayor's Fund for air raid victims, and a further donation towards the purchase of a mobile canteen. Our Brandon Unit of four members concern themselves with Red Cross activities and the Nursing Division of the St. John Ambulance Brigade of which Mrs. S. Persis Darrach is superintendent. Contributions from this Unit have been included with the funds of the Winnipeg Unit. Members of the Saskatoon Unit attended the parade on "Torch Day", a place of honour having been reserved for them. Mrs. John Gale (Nursing Sister Gertrude DeCou) has moved to the West with her family where she will reside in future. She will be greatly missed by the members of the Saint John N. B. Unit which she served as vice-president.

Montreal members have been privileged on several occasions to greet our Matron-in-Chief, Miss Smellie, who has been in town to attend the meetings of the Executive Committee of the Canadian Nurses Association of which she is first vice-president, and in connection with the mobilization of Nursing Sisters for No. 14 Canadian General Hospital. Miss Edna Moore has also been a recent visitor and attended the tea given by the 1941 class of the McGill School for Graduate Nurses. Miss Moore has many friends in Montreal who are always delighted to meet her. Matron Nell Enright of the Nursing Service, Royal Canadian Air Force, has also been a welcome visitor in her home town.

Having received a request from Miss Grace M. Fairley, President of the Canadian Nurses Association, for suggestions concerning future Memorial Day ceremonies, Miss Gertrude Garvin of Ottawa was appointed chairman of a committee of her own choosing to consider this request. As a result, excellent suggestions have been received, studied by the executive committee, and forwarded to Miss Fairley.

The need for a revision of our Official Directory has been presented to all Units and opinions solicited before September 1, 1941. If revision is to be made, work must begin in time to guarantee distribution before we meet in Montreal in 1942. By the way, why not begin now to plan to attend the Biennial Meeting of the Canadian Nurses Association in Montreal in 1942 during which time we hope to have the largest attendance of O.N.S.A. members on record.

E. Frances Upton,
*Secretary-Treasurer*, O. N. S. A.

## Au Cercle Universitaire

Le 30 mai dernier, au Cercle Universitaire, l'Association des Infirmières Hygiénistes de l'Université de Montréal recevait à diner en l'Honneur des nouvelles infirmières graduées en hygiène, le matin même à l'Université de Montréal. La présidente de l'Association, Mademoiselle A. Albert, recevait les invités assistée des membres de son comité.

Les infirmières réunies furent particulièrement honorées d'avoir comme invitée d'honneur, Miss Grace M. Fairley, présidente de l'Association Nationale. A la table d'honneur, nous remarquions encore le Dr. A. Groulx, Directeur du Bureau de Santé de la ville de Montréal, le Dr. J. A. Beaudoin, professeur à l'Université de Montréal, et directeur du département d'hygiène de médecine préventive. Madame Hackett, Miss Flanagan, présidente de l'Association provinciale, Mademoiselle A. Martineau, Miss Johns, du *Canadian Nurse*, Mademoiselle Maria Roy, Miss Upton, Miss Ferguson, Mademoiselle A. Marchessault, Mademoiselle Côté, Mademoiselle Cardin.

Les discours furent brefs, mais très intéressants. Le Docteur Beaudoin dans une courte allocution dit que depuis le début de l'Ecole, 250 infirmières ont obtenu leur bre-

vet en hygiène. Le Docteur Groulx dit le plaisir qu'il a d'établir une collaboration de plus en plus étroite avec le service de santé de la Ville et l'Ecole des infirmières hygiénistes. Miss Fairley a bien voulu nous dire quelques mots sur la situation présente quant à notre association internationale.

Mademoiselle Martineau, Directrice intérimaire, nous dit que si elle a pu faire quelque chose pour notre Ecole, c'est à la ville qu'elle le doit, plus spécialement au Directeur du Bureau de Santé le Dr. Groulx, qui l'a dirigée, pour une année d'étude, au Teachers College, Columbia University. Mademoiselle Martineau discute des problèmes présents et futurs de l'Ecole des infirmières hygiénistes.

Et nous ne pouvons taire que le nom de Mademoiselle Marchessault, prononcé soit par le Dr. Beaudoin, soit par Mademoiselle Martineau, a soulevé des applaudissements frénétiques. C'est donc que les infirmières ont compris les sacrifices acceptés pour la survie de l'Ecole.

Le nouveau Comité pour l'année 1941-1942 est composé comme suit: présidente, Mlle Rollande Pilon; vice-présidente, Mlle Marie Pelletier; sec.-trésorière, Mlle Sybille Gagnon; sec. correspondante, Mlle Simonne Patry; conseillères, Mlle E. Lynch, Mlle E. Rocque, Mlle Antoinette Deland, Mlle Jeanne Clavette.

ANTOINETTE DELAND, I.H.E.

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*Editor's Note*: The preceding paragraphs describe a delightful dinner given in honour of the graduating class of l'Ecole d'Hygiène, Université de Montréal, by the Alumnae Association of the School. The president of the Canadian Nurses Association, Miss Grace M. Fairley, was a guest of honour on this auspicious occasion.

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# Overseas Mail

The *Journal* is grateful to Miss Eileen Flanagan for the privilege of publishing the following letter written to her by Sister Ida Heany of the London Hospital:

I would like you Canadian folk to know how much we appreciate all that is done for us. "The London", like Guy's and Barts' and Thomas's has had to think seriously of the future of the young nurses, spread out as they all were in various hospitals in different counties, only indirectly under their own matrons, and taught by all and sundry. The problem was acute but now we have all founded our hospital schools in the country—ours will consist of ten huts of 36 beds each. All types of cases will be admitted, including the air raid casualties sent to us from "the London". Of course as the raids increase the people take themselves away and so the casualty list round our area is not too heavy. We are about twenty miles from "the London" along the Chelmsford Road on the direct route for the bombers who come via Holland and Harwich.

I had to leave my beloved first aid post, brought up and nurtured by myself and when the offer came to pioneer this place I rather jumped at it, for it is once again a teaching post which I like so much. We took over from the emergency medical scheme and so in my ward there are thirty-six old darlings who have been evacuated from Canning Town, Shadwell, and Whitechapel. The youngest patient is sixty-eight, and the oldest eighty-six. Bombed and homeless, their relations are hard put to it to take care of them. It is pathetic for they seem so helpless and forlorn. Anyway we will dispose of them happily after a time.

It was a tremendous wrench coming here after twenty-six years always at "the London", but in wartime one can't pick and choose. The hospital huts are in a field, or rather it was a field and so far I have seen no other evidence of greenery—nothing

but slush and mud. Just now it is fiendishly cold and every bit of wind that ever was blows here. Still it is healthy and conducive to work.

The Canadian Civilian Nurses Air Raid Victims Fund is most acceptable. I know several nurses who, poor things, were from the Victoria Chest Hospital. Nothing of their possessions was left and they came to us for treatment of shock and bruises and cuts. Someone put them in touch with the Canadian fund and they got suitcases and clothing and were thrilled. No nurse, however, is out of work, unless disabled, for we are still terribly short, especially of students in training. Some of our "London" nurses lost a lot when our home burned, but our own people gave freely and as yet we have not had to apply to the general fund.

Alas, so many nurses and doctors have lost their lives as have our brave firemen and wardens. They are every bit as brave as the soldiers and worthy companions of the airmen. Our backs are to the wall and we shall surely put up a hard fight. The morale of all the people is marvellous.

## Obituaries

PATIENCE CAREY died in the Kingston General Hospital on May 18, 1941, after a short illness. Miss Carey, who was a native of Kingston, took her professional training in the School of Nursing of the Montreal General Hospital, and was a member of the Class of 1897. After graduation Miss Carey served as a private duty nurse in Montreal, and later accepted a position in the Sanatorium for tuberculous patients at Sarinac Lake. She was much interested in this field of nursing and did excellent work in it. In 1920 she was appointed superintendent of nurses in the Kingston General Hospital, and held this position until 1925 when she returned to the United States. Since her retirement in 1930 she has made her home with relatives in Kingston.

JESSIE MARGARET MACLEOD, whose sudden death occurred recently in Halifax, was one of the first Nursing Sisters to be appointed to the Royal Canadian Air Force. She was a popular member of the nursing staff in the hospital at Eastern Passage and her untimely death is sincerely mourned by her colleagues and her patients. Full military honours were rendered at her funeral and a double rank of officers and men of the R.C.A.F. formed a guard of honour. Miss MacLeod was a graduate of the School of Nursing of the Victoria General Hospital, Halifax, N. S.

AGNES FORBES died on May 1, 1941, in Victoria, B. C. Miss Forbes was a graduate of the School of Nursing of White Plains Hospital, New York, and a member of the Class of 1912. Miss Forbes gave of her services during the last World War.

MRS. E. W. PICARD (née King) died on May 26, 1941, in Montreal. Mrs. Picard was a graduate of the School of Nursing of the Montreal General Hospital, and a member of the Class of 1932.

MRS. ROSS STALKER (née Aitcheson) died on May 7, 1941, at Kitchener, Ontario. Mrs. Stalker was a graduate of the School of Nursing of the Wellesley Hospital, Toronto, and a member of the Class of 1922.

# STUDENT NURSES PAGE

## Military Nursing Orders

NANCY HERRING
*Student Nurse*
*School of Nursing, Royal Victoria Hospital, Montreal*

We are a country at war. It is a war in which hospitals, the Canadian Red Cross, and the Red Cross Societies of many countries play a major part. There is no need to mention the indispensable role played by hospitals in wartime. We are well informed of the excellent work done by these Red Cross workers, on the battle field, and in devastated areas. We feel a glow of gratefulness whenever we think of this widespread movement. Behind the scenes of battle, the members of the Red Cross prepare medical supplies, blankets, clothing, and knitted apparel. As these members work I have heard some of them saying: "Now I wonder who will be wearing the socks I am knitting". But I have never heard any of them wondering how the idea of an international concern like the Red Cross first originated. It is rather a pity they do not, because it is interesting, and rather romantic. Many traditions followed by our modern hospitals come down from the same source. We must go back nearly nine centuries to a very great military order called St. John of Jerusalem.

During the twelfth and thirteenth centuries there were religious movements called the Crusades. They were quite unlike anything before or after. They were Christian expeditions from Western Europe to capture Christ's sepulchre at Jerusalem from the Moslems whom the Christians considered to be infidels. Continuous streams of people, rich and poor, men and women, headed by the nobility and their soldiers, made this long journey. These pilgrims trudged the many hundreds of weary miles on foot. There were only a few roads. These were dangerous and wild beasts and bandits often found the travellers easy victims. Thus a great need arose for refuges and hospitals to care for those pilgrims who became sick, or who had been injured. Two great Military Orders sprang up to undertake this work — the Order of the Knights of St. John of Jerusalem, which was the most important one, and another Order, called the Knights of St. Lazarus.

The early pilgrims had used the Hostels of Paula and, in 1050, some wealthy merchants of Amalfi founded two hostels in Jerusalem, one for men dedicated to St. John the Almoner, the other for women dedicated to St. Mary Magdalene. There is doubt as to whether this hostel originated the famous Order of the Knights of St. John of Jerusalem. It is, however, a fact that with the capture of Jerusalem

in 1099 and the establishment of the Christian kingdom, the Order of St. John became important. Although women were admitted to the Order their nursing duties were regarded little more than menial tasks since the Rule tells us "that women are to be admitted because services to cattle and to sick persons in hospitals are better performed by the female sex". These hostels took upon themselves a combination of warfare, charitable relief, and hospital nursing under devoutly religious auspices.

In the beginning, the Order of St. John was secular. Knights and ladies met at table and in the wards for the sick until the end of the eleventh century. Under the devout Peter Gerard, the knights and ladies renounced the world by taking vows of poverty, chastity, and obedience. Under the warrior Raymond de Puy, the Order became markedly military and exclusively aristocratic, and as the warlike features increased was divided into sections for convenience. The Knights' first duty was to fight, but when not doing so, they served in the hospital wards. Priests directed religious life at camp and hospital. Serving brothers carried on regular ward duties at all times. These had to belong to families who had never engaged in trade or menial work.

The Knights and Sisters wore a black habit with a white cross. Later on the white cross was set on a red ground. The eight points of the cross represented the virtues of the Order. As a result of excellent nursing and relief work, the fame of the Order of St. John of Jerusalem became very great. Gifts of land and treasure made the Order very wealthy. Hospitals and branches were founded. They received and nursed the insane with great intelligence and sympathy. It was the only one of the Military Orders which did so. The hospitals at Jerusalem directed by military nursing orders gave food to pilgrims and alms to the poor, as well as caring for the sick. The asylums for foundlings came later. The army hospitals were special features of the Order of St. John, and they were overflowing with soldiers. These "hospitallers" are to be considered as the real founders of modern army nursing by professional nurses. Many hospitals were of the utmost architectural beauty and most completely equipped for their times. In one of them the patients were served from silver dishes, and there was linen in abundance. The accounts of their hospital administration show thorough organization and are similar to ours of today.

The Order of St. John at an early date brought organization into the work of relief in times of natural calamities, such as earthquakes. Many accounts of their services read like a chapter from modern Red Cross relief work. It is not surprising that representatives of the Knights of St. John appeared at the Geneva conference in 1863 to help in founding the committee of the International Red Cross.

The Knights of St. John enjoyed great distinction and usefulness until the expulsion of the Christians from Palestine at the end of the thirteenth century. From then its efficiency as a nursing order declined, although its fame and wealth continued to grow. From Jerusalem the central house fled to Cyprus, then to the Island of Rhodes where the headquarters remained for two hundred years. It was driven out by the Moslems in 1522, and granted the island of Malta for headquarters, where they remained until Napoleon drove them out. But by the time the headquarters were settled in Malta, the Sis-

ters of St. John had been scattered, and weakened. Nursing was neglected, political activities brought the Order to disrepute, and it was finally suppressed.

The significance of the Order of St. John of Jerusalem in history is very great. The glamour of its activities, by the so-termed crusading spirit, made it so attractive that all the flower of knighthood of the day sought after it. This gave it great prestige. As the Knights were very rich they could equip and conduct their hospitals far better than any others of the time. Thus at the height of its excellence the Order of St. John influenced all the city hospitals in Europe, and its influence over medieval hospital management was, therefore, very great. The fame and best traditions of the Order live today in the St. John Ambulance Corps, first aid to the injured societies, and nursing associations. During the last Great War the old hospitals of St. John at Malta and at Rhodes were used in the care of our soldiers.

The Knights of St. Lazarus specialized in the care of the lepers. Tradition carries them back to the days of St. Basil, but the definite origin dates from the first Crusades. There was also a Sisterhood of St. Lazarus for work among women. Its record is less dazzling, but in nursing leprosy it undertook a more sacrificial task, and had many struggles with the social conditions surrounding the lepers. As leprosy died out of Europe the Order became extinct. Recently the name and badge have been adopted by the most modern nursing group in Germany, called the "Free Sisters".

These Military Orders imprinted a certain military form of organization and discipline upon institutions, traces of which are still seen. The formal and refined manner of knight and lady made a deep impression in hospital life. Strict discipline, certain orthodox ceremonials, and forms of etiquette have come down to us from the military orders. Much in the gradual promotion makes one think of the training school, although the probationary system itself dates back to the earlier monastic period. Unquestioning obedience was demanded since human life was often at stake. The sacrificial life of the religious sisters who denied nothing for the sick, forms the basic ideals of nursing today.

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## Gallantry in Air Raids

The King has ordered the appointment of Miss Gladys Ruth Ellis, S.R.N., to the Most Excellent Order of the British Empire, and awards of the George Medal to Mrs. Marian Edith Boulton, S. R. N., and Miss Ruby E. M. Rosser, S. R. N. Miss Ellis is matron of the Bristol Royal Hospital for Sick Children and Women. During a raid the nurses' home at the hospital received a direct hit. Another bomb fell within a few feet of the hospital itself. The water and electric mains were broken and the emergency lighting disorganized. By the light of a few candles, amid splintered glass and fallen ceilings, the patients and staff were evacuated, without panic or accident, in two hours. In spite of the fact that she had been severely shaken by blast the matron took command of the situation, and the staff, under her

direction, behaved magnificently. Mrs. Boulton, matron of the Sir Robert Geffery's Homes, Mottingham, entered a burning wing of the homes and rescued two elderly women, both of whom were unable to help themselves. She showed courage and coolness. When a high-explosive bomb struck the hospital, Nurse Ruby Rosser immediately rushed to the bedside of a patient and protected the body and injured head of the sick person from falling debris. She remained until the patient and herself could be rescued through a window. Although the ceiling, together with the floor and equipment of the ward above, continued to fall into the room and there was danger that the whole roof might collapse on top of them. — *Nursing Times*

## Fifty Years of Service

Great works have their beginnings in the faith of a few people. Someone has a vision, and if it has enduring qualities it will be transformed into something real and living. As early as 1887, Bishop Granville saw the need of a hospital in Calgary and appealed to the Order of the Grey Nuns in Montreal who responded by sending four members to pioneer this nursing service in the far west. The little band, composed of Sisters Carroll, St. Marc, Beauchemin and Gertrude, arrived in Calgary on a bitterly cold morning in January 1891. They took possession of their new hospital, an unfinished building twenty-four feet square, two storeys in height, and heated by one small stove. They had at their disposal $73.75 remaining from the sum procured from friends and from the congregation of St. Patrick's Parish in Montreal. Their total capital on leaving home was $209.74 in cash, and goods valued at about $150.

The superior of the Holy Cross Hospital in these dark, hard days was Sister Carroll, well-known to all and beloved by old-timers. With the help of a few women, linen and other furnishings were collected and on April 10, 1891, the first patient was admitted. In April 1892, Sister Hamel arrived in Calgary and selected the site of the present Holy Cross Hospital; the land was donated by the Oblate Fathers. The new building was opened on November 20, 1892. In August 1893, the city was visited by an epidemic of diphtheria, a disease then more dreaded than it is today. The Sisters gave up their own quarters and lived on the third floor of the Hospital which, as yet, was totally unfinished. The Hospital kept pace with the rapidly growing city, and important additions were made in 1906, and 1907, and 1910. The latest and best was the new wing added in 1928. This is a fire-proof structure and forms the entrance and main part of the Hospital, and includes the beautiful chapel.

The personnel gradually increased, and by 1906 there was a staff of fifteen. The nursing staff now includes thirty-five graduate nurses, and one hundred and forty-four student nurses. In 1907 the Hospital opened its school of nursing and the first graduates, six in number, received their diplomas in 1910. This year the graduating class will have fifty-two members and is the largest in the history of the Hospital. More than six hundred nurses have now graduated from the School and have rendered excellent service in this and neighboring provinces. If the four Grey Nuns who came to establish the Hospital in 1891 had been able to look through the years they would have seen an institution that has succeeded beyond their most hopeful dreams. The present Superior, Sister St. Simon, who took charge six years ago, has made many improvements which measure up to the highest standards of what a modern hospital should be. A recent innovation is the establishment of an intravenous laboratory in which all solutions used in intravenous work are prepared by a special staff under the direction of a graduate nurse. During the past year there has also been a great increase in the scope of the maternity department.

Small wonder that we as graduates of the School were particularly proud and happy to participate in the celebrations which marked the fiftieth anniversary of the founding of "Our Holy Cross". More than two hundred graduates were entertained at various social functions. At a luncheon held at the Hospital, high tribute was paid to an institution and a group of gallant women who for more than half a century have done their work with charity and success. Many prominent Albertans were present on this occasion, including His Honour Lieutenant Governor J. C. Bowen, and His Worship the Mayor of Calgary.

For Sister Gertrude, one of the foundresses, it was, indeed, a great day. She still carries on active work at the Hospital and loves to relate her experiences during the early days. "When I am no longer even a memory—just a name—I hope my voice may perpetuate the great work of my life". Surely these words spoken by Florence Nightingale are true of the pioneer nurses of Holy Cross Hospital.

— MARGARET M. BELLA


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Applications are invited for the position of **Assistant Director of Nursing and Practical Instructor** in a 250-bed Hospital in Eastern Canada. It is desirable that applicants have had a post-graduate course in Teaching and Supervision in Schools of Nursing. Please state age, religion, full qualifications, references, experience, and desired salary. Duties are to commence about mid-August. Applications are to be addressed in care of:

**Box 9, The Canadian Nurse, 1411 Crescent Street, Montreal, P. Q.**

**WANTED**

Applications are invited for the position of **Instructress of Nurses** in the Training School for Nurses of the Sherbrooke Hospital, Sherbrooke, P.Q. This School is affiliated with the Royal Victoria Montreal Maternity Hospital, the Children's Memorial Hospital, and the Alexandra Hospital, in Montreal. Apply to:

**The Superintendent, Sherbrooke Hospital, Sherbrooke, P. Q.**

**WANTED**

Applications are invited for the position of a qualified **Instructress of Nurses** for a 60-bed Hospital, with 33 students. State qualifications, experience, age, religion, nationality, salary, and enclose names and copies of references. Duties are to commence on September 10. Apply to:

**Superintendent, General & Marine Hospital, Collingwood, Ont.**

**WANTED**

A Registered Nurse desires a position as X-Ray Technician or Surgical Supervisor. For four years the applicant has served as Head Nurse and Technician in the X-ray Department of a large hospital. She has also had experience in operating room, out-patient, and emergency service. Address inquiries in care of:

**Box 10, The Canadian Nurse, 1411 Crescent Street, Montreal, P. Q.**

**WANTED**

Applications are invited from graduate, registered nurses for hospital floor duty in the Jewish General Hospital, Montreal. Apply to:

**Superintendent of Nurses, Jewish General Hospital, Montreal, P. Q.**

# NEWS NOTES

## ALBERTA

### PONOKA:

Ponoka District No. 2, A.A.R.N., recently held its annual meeting. It was unanimously agreed by the members to make a monthly contribution to the Civilian Nurses Air Raid Victims Fund. Mrs. George James, convener of the Red Cross home nursing class, reported that the classes had been well attended. Miss Margaret McLean gave an interesting report of the annual meeting of the A.A.R.N. Miss Barbara Beattie, superintendent of nurses, gave an address on postgraduate study at McGill University.

The graduating exercises for the class of 1941 of the Provincial Mental Hospital were recently held, when 8 affiliating nursing students and 7 attendants received their diplomas. A reception followed and other social events in honour of the class included a tea at the home of Mrs. R. Hamilton, where Mrs. R. Hamilton, Mrs. J. Byers, and Miss B. Beattie were hostesses. Dr. R. R. MacLean was at home to the graduates and friends at the tea hour.

### RED DEER:

A regular meeting of Red Deer District, No. 6, A.A.R.N., was held recently at the Municipal Hospital. Miss M. Smith gave a report on the meeting of the provincial A. A. R. N. meeting.

An executive meeting of the A. A. R. N. for X-ray technicians was held recently at the Red Deer Municipal Hospital.

Married: Recently, Miss Ivy Dunlop (Calgary General Hospital) to Lieut. Thomas Ward.

### CALGARY:

*Calgary General Hospital*:

Married: Recently, Miss Flora Gibb (C. G.H., 1939) to Mr. Michael Sweedish.

Married: Recently, Miss Orma McAuley (C.G.H., 1938) to Mr. Robert Clayton.

Married: Recently, Miss Ivy Dunlop (C. G.H., 1934) to Mr. S. T. Ward.

Married: Recently, Miss May Bailey (C. G.H., 1937) to Mr. Kenneth Creelman.

Married: Recently, Miss Lyla Card (C.G. H., 1937) to Mr. Howard Stringer.

Married: Recently, Miss Kathleen Clark (C.G.H., 1931) to Mr. Robert Hennesey.

Married: Recently, Miss Elizabeth Swift (C.G.H., 1938) to Mr. J. Scott.

Married: Recently, Miss Murdena Macgregor (C.G.H., 1941) to Mr. C. F. Mack.

Married: Recently, Miss Christobel Nelson (C.G.H., 1940) to Mr. Freeman Frost.

Married: Recently, Miss Georga Miller (C.G.H., 1939) to Mr. Wesley Jackson.

Married: Recently, Miss Audrey Waldron (C.G.H., 1938) to Mr. Don Hawkins.

### EDMONTON:

*Royal Alexandra Hospital*:

A meeting of the Alumnae Association of the Royal Alexandra Hospital was held recently, with Mrs. Thompson presiding. Styles, for a one-piece school uniform for R.A.H. graduates, were discussed and modelled. Miss G. Bamforth gave a very interesting talk on diabetic nursing.

### VEGREVILLE:

*Vegreville General Hospital*:

The Alumnae Association of the Vegreville General Hospital has made an effort to contact all local nurses for their contributions to the Civilian Nurses Air Raid Victims Fund, and wholehearted support has been received.

The Class of 1941 was honoured at a banquet and dance, recently sponsored by the Alumnae Association, and the hospital staff. The student nurses are the recipients of several magazines subscribed to them by the Alumnae Association and the hospital guild. First aid classes of the St. John Ambulance Association, conducted by Dr. J. Yak, have been made available to the student nurses. The student body of the Hospital recently staged a successful concert and sing-song in honor of the 1941 graduates. After the concert, a social hour followed, with the Sisters as hostesses.

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## BRITISH COLUMBIA

### VICTORIA:

*Royal Jubilee Hospital*:

The Baccalaureate service and the commencement exercises for the class of 1941 of the School of Nursing of the Royal Jubilee Hospital took place recently. Forty-three graduates were presented with their diplomas and medals. Miss Marion Livland

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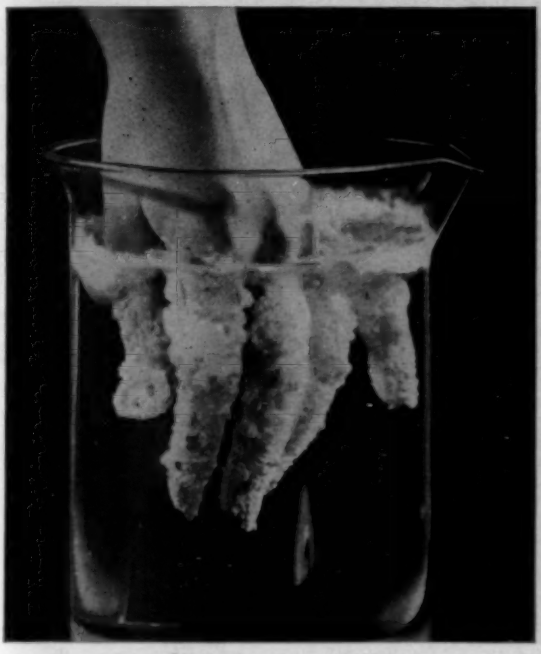

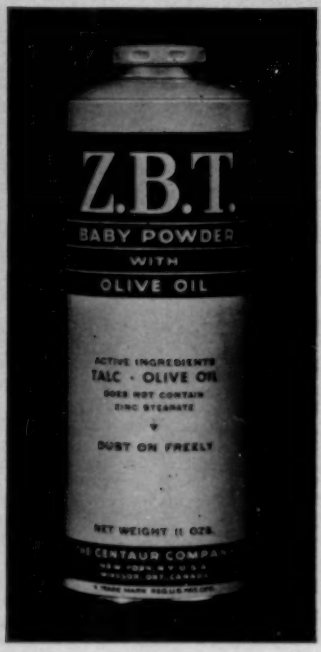


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was presented with the coveted R. S. Day Memorial Bursary, which is given for the highest marks in general proficiency and highest qualifications as a nurse. The Alumnae Bursary was presented to Miss Pauline Wunsch, who is intending to take the public health nursing course at the U. of B. C.

The Alumnae Association is furnishing a lounge and dressing room for the use of special private duty nurses, in the new wing of the Hospital. This will provide comfort and convenience for special nurses on duty there.

Married: Recently, Miss Helen Patricia Adams (R.J.H., 1939) to Lieut. Robert W. Draney, R.C.N.V.R.

*St. Joseph's Hospital:*

The School of Nursing of St. Joseph's Hospital recently held its fortieth annual commencement exercises. Thirty-nine nurses received their diplomas and medals, and two post-graduate diplomas were given—one in supervision, and one in X-ray physical therapy technique. Miss Kerstin J. Nelson was presented with the bursary, presented by the ladies auxiliary of the Hospital, for the highest average in examinations in three years. This is commendable because Miss Nelson came from Norway about ten years ago, and could then speak no English.

VANCOUVER:

Married: Recently, Miss Phyllis Lomas (Hotel Dieu Hospital, Kingston, 1931) to Mr. A. D. Baillie.

Married: Recently, Miss Eileen M. Power (Children's Hospital, Winnipeg, 1932) to Mr. Ralph I. Freeman.

Married: Recently, Miss Helen Isabelle Mollard (V.G.H., 1924) to Mr. Wm. Fullerton.

Married: Recently, Miss Sybil Isabel Kearney (Royal Inland Hospital, Kamloops, 1928) to Mr. Earl Fulmer.

Married: Recently, Miss Ethel Lillian Wallmark (Holy Cross Hospital, Calgary, 1938) to Mr. E. MacLeod.

## MANITOBA

BRANDON:

The annual dinner of the Brandon Graduate Nurses Association, in honour of the class of 1941 of the Brandon General Hospital, was held recently, with 70 nurses present. The president, Mrs. D. L. Johnson, was in the chair. Miss Margaret Morton proposed the toast to the Class of 1941, which was responded to by Miss Betty Bailee, and Miss E. McNally gave the toast to absent members. The guest speaker, Miss Glen Morrison, who spoke on changing philosophies, told of her experiences as a social worker, and encouraged the graduates to look for great things ahead of them.

Reports were given by Mrs. Johnson, representative to the annual meeting of the M. A. R. N.; Miss A. Creighton, the secretary; Miss Wilma Mitchell, the treasurer. The new president, Mrs. S. Purdue, was introduced by the retiring president. The following officers were elected: Honourary president, Miss E. Birtles; honourary vice-president, Mrs. Shillinglaw; president, Mrs. S. Purdue; vice-president, Miss M. Morton; secretary, Miss Agnes Creighton; treasurer, Miss I Campbell; registrar, Miss C. Macleod; committee conveners: welfare, Mrs. Kratch; Red Cross, Mrs. H. McKenzie; social, Miss M. Trotter; press, Miss W. Mitchell; visiting, Mrs. E. Hannah; general nursing, Miss Gwen Lamont; war work, Mrs. S. J. S. Pierce; membership committee: Mrs. D. L. Johnson, Miss D. McCaw, Mrs. C. Cripps; representative to *The Canadian Nurse*, Miss Grace Kennettle.

DAUPHIN:

National Hospital Day was observed at the Dauphin General Hospital, with conducted tours to every department of the institution for the many visitors. Mrs. C. S. Jones, superintendent, and her staff of graduate and student nurses, gave a warm welcome to the guests who invaded classroom, wards, and pantries.

A feature of the afternoon was the second annual baby party attended by more than one hundred infants and their mothers. Marquees were set up on the hospital lawns for their convenience. The babies were received by their first nurses, Miss L. Ledgerwood, night superintendent, and Miss E. Oman, graduate in charge of the maternity ward.

WINNIPEG:

The annual meeting of the Alumnae Association of the Winnipeg General Hospital School of Nursing was held recently with Miss Isabel McDiarmid in the chair. During the year, a contribution of $200 was made by the Alumnae Association to the student government of the School of Nursing toward the purchase of an audio-visual machine for the use of the student nurses. The machine is already in use and is highly valued as a teaching aid. A donation of $75 was made to our native nurse in India, $25 to the Lord Mayor's Fund, $25 to the Red Cross, and a donation of $100 to the Civilian Nurses Air Raid Victims Fund. The guest speaker, Mrs. N. A. McMillan, read Alice Duer Miller's poem, "The White Cliffs".

The following officers were elected for the coming year: Honourary president, Mrs. A. W. Moody; president, Miss Isabel McDiarmid; first vice-president, Miss Connie Lethbridge; second vice-president, Miss T. Wiggins; third vice-president, Miss Elsie Wilson; recording secretary, Miss June Smith; corresponding secretary, Miss T. Fredrickson; treasurer, Miss Florence Stratton; conveners for standing committees: program, Mrs. W. H. Anderson; membership, Miss B. V. Seeman; visiting, Mrs. J. F. Page; journal, Mrs. W. G. Beaton; conveners for special committees: representative to the training school committee, Miss G. Hall; representative to nurses central directory, Miss Alda Howard; representative to Local Council of Women, Miss M. McGilvray; representative to the Council of Social Agencies, Miss Bertha McClung; archivist, Miss Mary Stewart; Jubilee, Miss P. Bonner; representative to *The Canadian Nurse*, Miss Helen Smith.

In the May issue of *The American Journal of Nursing* the appointment is announced of Beatrice V. Fred as assistant professor in the Department of Nursing Education, University of Oregon Medical School. Miss Fred received her professional education at the Winnipeg General Hospital School of Nursing and the M. A. degree from the University of Toronto. She was on the staff of the Winnipeg General Hospital before she became ward instructor at the Doernbecher Hospital where she is now instructor and assistant professor of nursing education in the Department of Nursing Education.

## NEW BRUNSWICK

### MONCTON:

The regular monthly meeting of the local Chapter of the N.B.A.R.N. was held recently with the president, Miss Hillyard, in the chair. Twenty-four members were present. Miss Shirley Stewart was appointed to look after Red Cross knitting among the members, taking the place of Miss Myrtle Stewart, who has been called to military duty. Reports were read by the chairman of the committee, Mrs. Robinson, concerning a successful dinner, with 75 guests present, given for the graduating classes of the Hotel Dieu and the Moncton Hospital Training Schools by the local Chapter. It was decided that each member of the Chapter would pledge twenty-five cents per month for the Civilian Nurses Air Raid Victims Fund. A small donation was given to the fund by a club. Sufficient funds were collected at the meeting to send 1000 cigarettes overseas to the Active Service Forces of Moncton.

We were glad to welcome back to Canada Miss Georgia Hayes, a graduate of the Moncton Hospital. Miss Hayes was a member of the staff of the American Hospital

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in Paris at the time of the German occupation. She was pleased to be back with her people after her recent harrowing experiences. Flt./Sgt. Luskey of the R.C.A.F. gave us an interesting lecture on gas, gas burns, and decontamination, and demonstrated the use of the respirator.

Married: Recently, Miss Catherine Reid to Gnr. James Davidson.

Married: Recently, Miss Idella Trenholm to Mr. Edward D'Orsay.

SAINT JOHN:

The monthly meeting of the Saint John Chapter, N.B.A.R.N., was held recently at the general hospital. A refresher course, to be conducted by Miss Marion Lindeburgh, M.A., is being arranged by the hospital and school of nursing section, and sponsored by four Saint John hospitals. One hundred dollars was donated to the Civilian Nurses Air Raid Victims Fund and it was decided to purchase four one hundred dollar Victory Bonds. Miss Marion McGowan and Miss Laura Henderson were chosen as delegates to attend the N.B.A.R.N. annual meeting to be held in Newcastle in September. Major Dr. W. O. McDonald gave an interesting address on the use of blood plasma in liquid and evaporated form.

Miss Rheta A. Wilson has resigned as assistant superintendent of nurses at the Saint John General Hospital. Miss Wilson has filled this office efficiently for nearly 17 years. Miss Murdoch recently entertained the staff in Miss Wilson's honour. Miss Thelma Horton, of the staff of the general hospital, has joined the nursing service of the R.C.A.M.C., and Miss Beatrice Selfridge has been appointed in her place. Miss Mary MacDonald and Miss Julia Childerhouse have joined the nursing service of the R.C.A.M.C. and Miss Margaret Walsh, Miss Bertha Phillips, and Miss Maude Phillips have joined the nursing service of the R.C.A.F. Word has been received that Nursing Sister Sally Turnbull has reached England, and is at the same hospital with Nursing Sisters Miriam Fillmore and Elizabeth Burnham, all graduates of the Saint John General Hospital.

Married: Recently, Miss Pauline F. Edgett (S.J.G.H., 1939) to Corp. Harrison MacLaren, R.C.A.F.

Married: Recently, Miss Doris S. Jones (S.J.G.H., 1932) to Mr. Kenneth G. McDavid.

## NOVA SCOTIA

HALIFAX:

At the recent annual meeting of the Halifax Branch, R.N.A.N.S., officers for the ensuing year were elected as follows: President, Miss Jane Hubley; vice-presidents, Miss Lenta Hall and Miss Marjorie Jenkins; recording secretary, Miss Lillian Grady; corresponding secretary, Miss Jessie McCann; treasurer, Miss Margaret Cameron. The reports of all committees showed an active year during which definite progress in the organization of a nursing division for the Red Cross emergency preparedness organization was made. More than 400 women in Halifax and Dartmouth were taught home nursing during the past year and a second St. John Ambulance first aid course for graduate nurses and senior nursing students was successfully completed. A social hour was enjoyed at the close of the business session.

*Children's Hospital*:

At the recent graduation exercises of the Children's Hospital School of Nurses 12 nurses received their diplomas and pins. Mr. E. J. Murphy presided and paid tribute to Mr. J. L. Hetherington, president of the board of directors, who because of ill health was unable to attend. President A. Stanley Walker, of King's College, addressed the graduating class. His message was one of encouragement and an appeal for conscientious adherence to duty. Mrs. Murphy presented the diplomas and pins and Dr. A. E. Murray presented the general proficiency prize, to Miss Marion Eleanor Ritcey of Middleton. The graduates were represented by the superintendent, Miss Marjorie Jenkins, who outlined the aims and ideals which the nursing school endeavours to instil in its students, and urged the class members to take their new responsibilities seriously. The invocation and dedication prayer were read and the benediction given by the Rev. D. M. Grant. At the conclusion of the exercises tea was served.

The annual meeting of the Children's Hospital Alumnae Association took the form of a dinner in honour of the graduating class of 1941. The new graduates were addressed by the honourary president, Miss Marjorie Jenkins, superintendent of the Hospital. A piano duet by Miss Mildred Macpherson and Mrs. Charles Piper, and an interesting reading by Miss Edith Schwartz were much enjoyed.

Married: Recently, Miss Alma Power (V. G. H., 1929) to Mr. William Hunt.

WINDSOR:

A well-attended meeting of the Valley Branch, R. N. A. N. S., was held recently with the president, Miss E. A. Richardson, in the chair. L. A. C. Deek, England, gave a very interesting talk on conditions in

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England at the present time. To create more interest in *The Canadian Nurse* each member is requested to read a short paper about some article, entitled "I saw it in *The Canadian Nurse* this year," at a future meeting. Miss Dunbar, acting superintendent of Payzant Memorial Hospital, and the nurses of Windsor served refreshments during the social hour which followed.

Miss M. B. McNeil, nursing sister of the last great war, has joined the nursing service of the R. C. A. M. C. Miss Ruth A. Wallace has joined the nursing service of the R.C.A.F.

Married: Recently, Miss Irma Kennedy (Yarmouth Hospital) to Mr. James Twaddle.

Married: Recently, Miss F. E. Dodge (Yarmouth Hospital) to Capt. W. H. Clark.

## ONTARIO

### District 1

SARNIA:

The graduate nurses of the city and district sponsored a delightful tea at the Sarnia General Hospital in aid of the Civilian Nurses Air Raid Victims Fund. Numerous guests attended and the proceeds, amounting to $290 realized from the tea and sale, will be devoted entirely to the fund. The guests were received in the afternoon by Miss D. Shaw and Mrs. S. Elrick and in the evening by Miss Shaw and Mrs. Robert MacKinlay. Miss Lottie Siegrist was in charge of arrangements for the event and Mrs. Roger Harris was the convener of the table.

*Sarnia General Hospital*:

Miss Butler, Miss Clifford, and Miss Barnwell, graduates of the S.G.H., have accepted positions for general duty in the Metropolitan Hospital, Windsor. Miss Marion Thompson has accepted a position in the Essex County Sanatorium.

Married: Recently, Miss Alta Burgess (S.G.H., 1939) to Mr. Ralph Marshall.

Married: Recently, Miss Anne McMillan (S.G.H., 1938) to Mr. Lester Gark.

Married: Recently, Miss Margaret Young (S.G.H., 1933) to Mr. L. Andrews.

Married: Recently, Miss Jean Anderson (S.G.H., 1937) to Mr. Percival Humble.

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2. The following post graduate courses in obstetrical nursing and in gynaecological nursing are offered: Course A — a three-months course in obstetrical nursing; Course B — a two-months course in gynaecological nursing. Applicants may enroll for either or both courses. Maintenance and an allowance are provided. For further information apply to Miss C. V. Barrett, R.N., Supervisor, Women's Pavilion, Royal Victoria Hospital, Montreal.

*A certificate is granted on the successful completion of any of the above courses.*


## Districts 2 and 3

### Guelph:

*Guelph General Hospital:*

The graduating exercices of Guelph General Hospital, School for Nurses, were held recently when 18 nurses received their diplomas and pins. The chairman of the board of commissioners, Dr. W. J. R. Fowler, occupied the chair, and the invocation was given by the Rev. Tom Frears. The superintendent of nurses, Miss S. Agnes Campbell, presented her annual report and an instructive and timely address to the graduating class was delivered by Prof. Watson Kirkconnell of McMaster University, Hamilton. Vocal numbers were rendered by Miss Helen Doughty.

Special prizes were awarded to the following: Miss Mildred Simmons, gold medal for highest standing; Miss Keytha Smith, gold medal for general proficiency and prize for operating room technique; Miss Pansy Gordon, for bedside nursing; Miss Lillo Patchell, for obstetrical nursing; Miss Marjorie E. Thomson, for surgical nursing.

A tea, given by the superintendent in honour of the Class of 1941 and their friends, and a dance given by the board of the hospital were much enjoyed. The Alumnae Association recently held their annual dinner at which the guests were the graduating class. The speaker was Mrs. J. J. Carney, who related her personal experiences in the evacuation of British women and children from Shanghai in 1937. Miss L. Ferguson, president of the Alumnae Association, presided during the after-dinner program. Miss Katherine Cleghorn proposed the toast to absent members; Miss Thirza Gandier to the graduating class with Miss Pansy Gordon responding; Mrs. Clayton McLeod to the Training School, the superintendent, Miss Campbell, responding. Miss Betty Spry sang two groups of songs accompanied by Miss Arleen Young.

## District 4

### Hamilton:

*Hamilton General Hospital:*

The Alumnae Association of the Hamilton General Hospital recently held its quarterly meeting at the Mountain Sanatorium, with the president, Miss Edna Bell, in the chair. Reports from the R. N. A. O. meeting were given by Miss M. Sturrock, hospital and school of nursing section; Miss Grace Hall, general nursing section; and Miss Edna Bell,

public health section. A social hour followed under the convenership of Miss Helen Tilling.

The following nurses have recently joined the nursing service of the R.C.A.M.C.: Miss Phyllis Black (H.G.H., 1933), Miss Mary Lundy (H.G.H., 1938), Miss Ann Jack (H.G.H., 1929), Miss Lorraine Wilson (H.G.H., 1936), and Miss Beatrice Rose (H.G.H., 1935).

Miss Sarah Wallace (H.G.H., 1932) has resigned from the department of public health, and has accepted a position as welfare nurse with the Otis-Fensom Elevator Company, Hamilton. Miss Margaret Anderson (H.G.H., 1938) has accepted a position on the staff of the department of public health.

Married: Recently, Miss Ramola Madter (H.G.H., 1939) to Mr. Colin Sharpe.

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## District 5

*Lost* by several hundred nurses, members of District 5, R.N.A.O., the opportunity to attend a good professional meeting. Enhanced by a perfect spring day, set in historic surroundings of the century—old St. John's Church at York Mills—the meeting afforded an enjoyable and profitable outing, pleasant contacts, and a thoroughly interesting program. It began in the afternoon at the St. John's Convalescent Hospital where members were met by Sister Beatrice and her staff, escorted through the beautiful building and informed of the work being carried on there. A short drive from the hospital to the church was followed by a delicious supper after which section meetings were held. All had an opportunity of seeing the church and of walking about the grounds and along the paths of the very old cemetery. Stopping here and there to read an inscription, it seemed somehow as though one were walking in paths of time, pausing to meet some of the kindly people who cleared these ways for us. They, in their day, faced tremendous hardships with dauntless courage. Please God, we shall not fail our heritage!

The evening meeting, at which the vice-chairman, Miss Kathleen McNamara, presided, opened with an invocation and then continued with a brief business session. Its highlights were as follows: membership for 1941 is now 1480; Miss Alberta Bell's report as delegate to the recent R.N.A.O. annual meeting was excellent. The meeting voted $100 from the district treasury for the R.N.A.O. Civilian Nurses Air Raid Victims Fund and $100 for the purchase of a third War Loan Bond.

The guest speaker was Miss Gertrude Rutherford, principal of the United Church Training School in Toronto, whose subject

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was "Religious influence in the life of the nurse". Justice could not be given to this address by a brief description. It indeed offered a very full measure of food for thought in its inspiring, courageous and challenging message. "It can happen that one does not realize a thing is lost until one finds it," said Miss Rutherford. Her reference was in a spiritual sense. It would seem, however, that these are applicable words in other directions as well. Professionally speaking it takes more than a membership card to be an active member of an association. Participation can, individually and collectively, bring very worthwhile returns. The next district meeting will be held in the early fall. Another opportunity! Granted the attention it should receive, perhaps at this time some members may find something they did not even know they had lost.

TORONTO:

*Wellesley Hospital*:

A meeting of the Wellesley Hospital Alumnae Association was recently held, with Miss Grace Bolton presiding. Miss J. Harris and Miss G. Bolton reported on knitted articles sent to the Red Cross and to the R.C.N.V.R. Miss M. Stanton read a letter of thanks from Miss Helen Cunningham in England for clothing received by her. Miss J. Brown reported that $73. had been given by graduates to the Civilian Nurses Air Raid Victims Fund. The following were the conveners for the recent successful bazaar: Miss J. Harris, Miss A. McLean, Miss J. Brown, Miss H. Barclay, Miss G. Shier, Mrs. Maxwell, Mrs. Gundy, Miss A. Steele, Miss M. Stanton.

### DISTRICT 7

BROCKVILLE:

The regular quarterly meeting of District 7, R.N.A.O., was held recently at the Ontario Hospital, when Dr. McKerracher gave an address on mental health in the community. Miss Jean Biggar, who was the district's delegate to the R.N.A.O. annual meeting, gave a most interesting and concise report. Miss Ardill and her capable staff entertained at afternoon tea in the attractive reception room of the nurses' residence.

The graduating class of the Kingston General Hospital were recently the guests of honour at a dinner given by the Alumnae Association. Mrs. F. Atack, president of the Association, after an inspiring address, proposed the toast to the class of 1941. Miss Grace Southall, president of the class, responded. The toast to the hospital was proposed by Miss Acton and replied to by Mrs.

S. R. Pence (née Wylie). Mr. Armstrong, superintendent of the hospital, was the guest speaker. After dinner dancing was enjoyed.

Married: Recently, Miss Eileen Bulmer (K.G.H., 1937) to Captain Hugh Megill, R.C.A.M.C.

Married: Recently, Miss Evelyn Park (K.G.H., 1934) to Mr. Merton Campbell.

## District 8

### Ottawa:

*Ottawa Civic Hospital*:

The graduating class of 1941 was entertained at a recent meeting of the Alumnae Association. Mrs. Dimsdale, British guest of Senator Cairine Wilson, was guest speaker. The annual tea of the Alumnae Association was held recently and resembled the happy reunion of a large family. Miss G. M. Bennett, Miss Emily Maxwell, and Miss Dorothy Ogilvie received the guests, including many from out-of-town.

Miss Edith Ings (O.C.H., 1935) has been appointed nursing sister with the R.C.A.M.C., and is stationed at Debert, N. S. Miss Edith Davidson has accepted a position on the staff of the King Edward VII Memorial Hospital, Hamilton, Bermuda. Miss Vivian Adair has been appointed successor to Miss Davidson as secretary to Miss Bennett. Miss Eileen Graham has been appointed to the staff of the Metropolitan Life Insurance Company, Ottawa. Miss Frances Wright has accepted a position with the Sun Life Assurance Company in Montreal.

Married: Recently, Miss Margaret Mulvihill (O.C.H., 1932) to Mr. Theodore Harquail.

Married: Recently, Miss Vida-Ruth Ebigger (O.C.H., 1938) to Mr. Frank G. Hopson.

## District 9

### Sudbury:

One group of sixteen eighth grade students has received regular instruction from the school nurse, Miss Jane Thomas. The last class hour took the form of a demonstration in bed-making given by Miss Aileen Riordan, instructress of nurses at the Sudbury General Hospital, and convener of nurse education, District 9, R.N.A.O. The demonstration concluded with a short talk on nursing as a vocation, and described the course of study necessary to qualify for entrance to a school of nursing. Each pupil was given the pamphlet "Should you wish to become a nurse". As a matter of interest, the names of the pupils were registered and filed at the Sudbury General Hospital. Arrangements have been made for Miss Riordan to speak to the pupils in the eighth grade

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### Kirkland Lake:

At a recent meeting of the Kirkland Lake Chapter, Miss Ethel North was elected chairman and Miss Ethel Anderson secretary. Arrangements have been made to furnish a dressing room in the nurses residence for the private duty nurses. The chapter has, at a nominal rental fee, secured the use of the Y.W.C.A. club room for the regular monthly meetings.

The sum of $100 has been contributed to the Kirkland Lake District War Services Fund and plans have been discussed for a dance to be held in aid of the Civilian Nurses Air Raid Victims Fund when it is expected $100 will be realized.

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### North Bay:

At a recent chapter meeting Miss Gertrude Johnston was again elected chairman for the coming year. Miss Johnston gave an interesting report on the R.N.A.O. annual meeting. Several points were discussed, especially with regard to the Civilian Nurses Air Raid Victims Fund. Miss Delong was appointed associate member to the Girl Guides. Plans were made to hold a picnic, tea and bake sale for the purpose of raising funds.

### Gravenhurst:

Dr. M. B. Wellwood gave an address on tuberculosis at a recent chapter meeting, and spoke of the newer treatments, emphasizing the importance of an old treatment, namely "rest". The sum of $32 was voted for the Civilian Nurses Air Raid Victims Fund. Miss Barry Bowles, who has been chairman of the Chapter for the past year, has been called for military service.

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## QUEBEC

### Montreal:

#### *Montreal General Hospital:*

Miss Helen Hewton (M.G.H., 1921) has resigned as supervisor at the out-patients department of the Western Division, and has been succeeded by Miss Lotta (M.G.H., 1934). Miss Hewton has joined the nursing service of the R.C.A.M.C. The following have recently resigned their positions at the Central and Western Divisions for overseas service: Misses Cecil McDonald, Catherine Angus, Theodora McDonald, Margaret Fairweather, Agnes Tennant, C. Doherty, M. J. McCann, Helen Irving, and Pauline Hebb. Miss Holt and the staffs of both divisions have given teas in their honour, and presentations of suitable gifts have been made.

Miss Mary Pae (M.G.H., 1937), Miss Cleo Graham, and Miss M. E. V. McDonald (M.G.H., 1941) have been appointed to the staff of the Central Division. Miss Elizabeth Jamieson, Miss Ruth Aiken, and Miss Van Scoyac have been appointed to the nursing staff of a large industrial plant.

The Spitfire group, consisting of private duty and married nurses, are working steadily to increase their funds. Already $2500 has been forwarded to England, and very soon they hope to forward another thousand.

At a tea recently given in London for the women of all the Services Miss Helen Hickman, of No. 1 Canadian General Hospital, had the honour of being presented to Her Majesty the Queen.

Married: Recently, Miss Sybil Armstrong (M.G.H., 1939) to Mr. Hibbert Beau.

Married: Recently, Miss Jean C. Stuart (M.G.H., 1940) to Dr. Walter Martin.

Married: Recently, Miss Flora MacDonald

(M.G.H., 1940) to Dr. Herbert Giberson.

Married: Recently, Miss Violet Milligan to Mr. Herbert S. Paul.

*Royal Victoria Hospital*:

The annual dinner given by the Alumnae Association of the Royal Victoria Hospital in honour of the graudating class was held recently with the president, Mrs. R. A. Taylor, presiding. After the toast to the King, Mrs. Taylor in a very happy speech welcomed the new graduates into the Association. The toast to the Class was proposed by Miss Elsie Allder, and responded to by Miss Bernice Bigley. At the graduating exercises held recently 65 nurses received their diplomas. The report of the School of Nursing was read by Miss Munroe, Lady Meredith presented the prizes, and Dr. Geo. F. Shephens presented the diplomas. Miss Vera Arendt and Miss Bernice Bigley received prizes for the highest aggregate marks in examinations, and Miss Lela Ellis, Miss Dorothy Loane, and Miss Katherine Inch for general proficiency. The address to the Class was given by the Warden of the Royal Victoria College, Dr. Muriel Roscoe.

Miss F. Munroe entertained recently at tea in honour of Miss Flora Strumm. The tea table was attractively decorated and presided over by Miss C. V. Barrett and Miss Margaret MacIntosh.

Married: Recently, Miss Marion Morton (R.V.H., 1938) to Mr. John Frederick Mathewson.

*Homoeopathic Hospital*:

A Silver Jubilee Tea, commemorating the twenty-fifth anniversary of the Alumnae Association, was held recently. The president of the Association, Miss Lillian Athelstan, outlined the history of the organization since its inception in 1916. The highlight of the evening was the roll call, dating from 1896. The medical superintendent, Dr. Harold Griffith, and Dr. E. M. Morgan, made interesting comparisons between the present conditions of the hospital, and those prevaling during the early days. The work carried on by the Canadian Red Cross Society, in rendering assistance and medical aid to the inhabitants of the Magdalen Islands, was vividly reviewed by Miss Helen Bright, who was stationed there on behalf of the Society, during the past winter. Mrs. W. R. Henry, president of the women's auxiliary, and Mr. W. R. Bullock, representing the board of directors, spoke briefly. At the conclusion of the meeting, refreshments were served under the convenership of Mrs. M. Warden and Miss Isabel Garrick.

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A course in first aid has been completed under the supervision of Mrs. L. H. Fisher. Miss Orr, Miss Bryant, and Miss Mapes have been appointed to the staff of the Tamaskaming Hospital. Miss Lois Findlay, Miss Ethel Stevens, and Miss Patricia Moore are serving overseas with the nursing service of the R.C.A.M.C. Miss Mina Sleith is with the nursing service of the R.C.A.F. at Trenton, Ont.

Married: Miss G. Horner (H.H.M., 1922) to Mr. F. Dalton Drake.

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*School for Graduate Nurses, McGill University*:

The annual meeting of the Alumnae Association of the School for Graduate Nurses, McGill University, was held recently in conjunction with a dinner in honour of this year's graduating class. There were eighty present, including the thirty-one members of the graduating class. The vice-president, Miss Agnes Tennant, presided in the absence of the president, Miss Inez Welling.

Dr. Muriel Roscoe, warden of Royal Victoria College, was the guest speaker of the evening. Miss Rahno Beamish, assistant superintendent of nurses at the Western Hospital, Toronto, was a very welcome out-of-town guest.

Miss E. Frances Upton, convener of the special finance committee of the School, addressed the members, and paid tribute to Miss Marion Lindeburgh, director of the School, for the excellent work which is being carried on. Reports of the various committees were presented, and the election of officers for the coming year resulted as follows: President, Miss Agnes Tennant; vice-president, Miss Margaret Brady; secretary-treasurer, Miss Katherine Gibson; convener, program committee, Miss Rosamond Lamb; convener, Flora Madeline Shaw Memorial Fund, Mrs. L. H. Fisher; representative to *The Canadian Nurse*, Miss Flora Lamont; representatives to Local Council of Women: Mrs. J. T. Allan, Mrs. J. R. Taylor.

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## SASKATCHEWAN

MOOSE JAW:

The closing meeting of the Moose Jaw General Hospital Alumnae Association was recently held with the Class of 1941 as guests. Upon the completion of business, the superintendent of nurses, Miss M. E. Ingham, gave an interesting talk on the post-war status of nurses. Those assembled witnessed the repeating of the Nightingale pledge by the members of the graduating class. The new teaching unit was then inspected and a social hour followed.

SASKATOON:

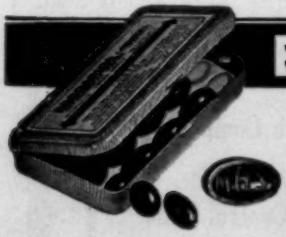
Married: Recently, Miss Winnifred J. Williamson (S.C.H., 1933) to Mr. A. W. Miles.

Married: Recently, Miss Florence E. Bell (St. Paul's Hospital, 1936) to Dr. Roy Clark.

Married: Recently, Miss Annabel G. Ferry (S.C.H., 1939) to Mr. James J. Hill.

Married: Recently, Miss Gwendolyn A. Crimp (S.C.H., 1940) to Mr. Wm. K. Janzen.

Married: Recently, Miss Helen Fast (S.C.H., 1934) to Mr. Thomas Hamilton.

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*Numerals indicate office held: (1) President, Provincial Nurses Association; (2) Chairman, Hospital and School of Nursing Section; (3) Chairman, Public Health Section; (4) Chairman, General Nursing Section.*

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**New Brunswick**: (1) Sister Kerr, Hotel Dieu Hospital, Campbellton; (2) Miss Marian Myers, Saint John General Hospital; (3) Miss A. A. Burns, Health Centre, Saint John; (4) Miss Myrtle E. Kay, 21 Austin St., Moncton.

**Nova Scotia**: (1) Mrs. Hope Mack, Nova Scotia Sanatorium, Kentville; (2) Sister Mary Peter, St. Joseph's Hospital, Glace Bay; (3) Miss Hazel Macdonald, 21 Queen St., Sydney; (4) Miss Frances Brown, Wolfville.

**Ontario**: (1) Miss Jean L. Church, 120 Strathcona Ave., Ottawa; (2) Miss L. D. Acton, General Hospital, Kingston; (3) Miss G. Ross, 15 Queen's Park Crescent, Toronto; (4) Miss D. Ogilvie, 34 Gilchrist Ave., Ottawa.

**Prince Edward Island**: (1) Miss Ina Gillan, 227 Kent St., Charlottetown; (2) Miss Georgie Brown, Prince County Hospital, Summerside; (3) Miss Ruth Ross, Summerside; (4) Miss Mary Devereau, New Haven.

**Quebec**: (1) Miss E. Flanagan, Royal Victoria Hospital, Montreal; (2) Miss M. Batson, Montreal General Hospital; (3) Miss A. Martineau, Dept. of Health, City of Montreal; (4) Miss A. M. Robert, 5484-A St. Denis St., Montreal.

**Saskatchewan**: (1) Miss Ann Morton, Weyburn; (2) Miss May E. Reid, St. Paul's Hospital, Saskatoon; (3) Miss Myrtle E. Pierce, Wolseley; (4) Miss Mary R. Chisholm, 805-7th Ave. N., Saskatoon.

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COUNCILLORS: **Alberta**: Miss Audrey Dick, York Hotel, Calgary. **British Columbia**: Miss F. Innes, 1922 Adanac St., Vancouver. **Manitoba**: Miss F. King, Ste. 1, Greysolon Apts., Winnipeg. **New Brunswick**: Miss A. Burns, Health Centre, Saint John. **Nova Scotia**: Miss H. Macdonald, 21 Queen St., Sydney. **Ontario**: Miss G. Ross, 15 Queen's Park Cres., Toronto. **Prince Edward Island**: Miss Ruth Ross, Summerside. **Quebec**: Mlle A. Martineau, Dept. of Health, City of Montreal. **Saskatchewan**: Miss M. E. Pierce, Wolseley.

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### Calgary District, No. 3, Alberta Association of Registered Nurses

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## BRITISH COLUMBIA

### Registered Nurses Association of British Columbia

President, Miss M. Duffield, 1675 10th Ave. W., Vancouver; First Vice-President, Miss M. E. Kerr; Sec. Vice-President, Miss G. M. Fairley; Secretary, Miss P. Capelle, Rm. 520, Vancouver Block, Vancouver; Registrar, Miss Evelyn Mallory, Rm. 520, Vancouver Block, Vancouver; *Councillors*: Miss E. Clark, Miss L. Creelman, Sr. Columkille, Sr. M. Gregory, Miss F. H. Walker; *Conveners of Sections*: *Hospital & School of Nursing*, Miss F. McQuarrie, Vancouver General Hospital; *Public Health*, Miss F. Innes, 1922 Adanac St., Vancouver; *General Nursing*, Mrs. J. F. Hansom, 1178 Esquimalt Ave., West Vancouver; *Press*, Miss L. M. Drysdale, 5851 West Boulevard, Vancouver.

## MANITOBA

### Manitoba Association of Registered Nurses

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## NEW BRUNSWICK

### New Brunswick Association of Registered Nurses

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## ONTARIO

### Registered Nurses Association of Ontario

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## PRINCE EDWARD ISLAND

**Prince Edward Island Registered Nurses Association**

President, Miss Ina Gillan, 227 Kent St., Charlottetown; Vice-Pres., Rev. Sr. St. John the Baptist; Secretary, Miss Leonora Clark, Prince Co. Hospital, Summerside; Treasurer and Registrar, Rev. Sister Mary Magdalen, Charlottetown Hospital; *Conveners of Sections*; *Private Duty*, Miss Mary Devereau, New Haven; *Public Health*, Miss Ruth Ross, Summerside; *Nursing Education*, Miss Georgie Brown, Prince County Hospital, Summerside.

## QUEBEC

**Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)**

President, Miss Eileen C. Flanagan; Vice-President (English), Miss Mabel K. Holt; Vice-President (French), Rév. Soeur Valérie de la Sagesse; Honourary Secretary, Mlle Alice Albert; Honourary Treasurer, Miss Fanny Munroe; *Members without Office*: Misses Marion Nash, Mary Ritchie, Miles Roy, Trudel, Giroux; *Advisory Board*: Misses Jean S. Wilson, Margaret L. Moag, Catherine M. Ferguson, Marion Lindeburgh, Rév. Soeur Mance Décary, Miles Maria Beaumier, Edna Lynch; *Conveners of Sections*: *General Nursing* (English), To be appointed; *General Nursing* (French), Mlle Anne-Marie Robert, 5484-A rue St. Denis, Montreal; *Hospital and School of Nursing* (English), Miss Martha Batson, Montreal General Hospital; *Hospital and School of Nursing* (French), Rév. Soeur Hébert, Hôtel-Dieu de St. Joseph, Montreal; *Public Health* (English), Miss Kathleen Dickson, Royal Edward Institute, Montreal; *Public Health* (French), Mlle Annonciade Martineau, 1034 rue St. Denis, Apt. 6, Montreal; *Board of Examiners*: Miss Mary Mathewson (convener), Misses Katie S. Annesley, Madeleine Flander, Mlles Alexina Marchessault, Anysie Deland, Suzanne Giroux; Executive Secretary, Registrar, and Official School Visitor, Miss E. Frances Upton, Room 1019, Medical Arts Bldg., 1538 Sherbrooke St. West, Montreal.

## SASKATCHEWAN

**Saskatchewan Registered Nurses Association (Incorporated 1917)**

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**Regina Registered Nurses Association**

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# Alumnae Associations

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**A.A., Edmonton General Hospital, Edmonton**

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## BRITISH COLUMBIA

**A.A., St. Paul's Hospital, Vancouver**

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**A.A., Vancouver General Hospital, Vancouver**

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**A.A., Royal Jubilee Hospital, Victoria**

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**A.A., St. Joseph's Hospital, Victoria**

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## MANITOBA

### A.A., St. Boniface Hospital, St. Boniface

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### A.A., Children's Hospital, Winnipeg

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## NEW BRUNSWICK

### A.A., Saint John General Hospital, Saint John

Hon. Pres., Miss E. Mitchel; Pres., Mrs. G. Lewin; First Vice-Pres., Mrs. H. Ellis; Sec. Vice-Pres., Miss S. Hartley; Sec., Miss S. Turnbull, Saint John General Hospital; Treas., Miss R. Wilson; *Committee Conveners: Entertainment,* Mmes O. Fowler, R. Dick, Miss M. Barker; *Refreshments,* Mrs. L. Dunlop, Miss A. Carney; *Flower,* Mrs. F. McKelvey, Miss A. Carney.

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## NOVA SCOTIA

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## ONTARIO

### A.A., Belleville General Hospital, Belleville

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### A.A., Brantford General Hospital, Brantford

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### A.A., Brockville General Hospital, Brockville

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### A.A., Public General Hospital, Chatham

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**A.A., St. Joseph's Hospital, Chatham**

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**A.A., Cornwall General Hospital, Cornwall**

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**A.A., Galt Hospital, Galt**

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**A.A., Guelph General Hospital, Guelph**

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**A.A., St. Joseph's Hospital, Guelph**

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**A.A., Hamilton General Hospital, Hamilton**

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**A.A., St. Joseph's Hospital, Hamilton**

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**A.A., Hôtel-Dieu, Kingston**

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**A.A., Kingston General Hospital, Kingston**

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